



Pierce County
Volunteer Enrollment Form

Name: _____ Date: _____
Address: _____ Phone: _____
City, State, Zip: _____ Email: _____
Date of Birth: _____ (You must be at least 55 years old to be RSVP) Male: [] Female: []

PERSON TO NOTIFY IN EMERGENCY: Name: _____
Relationship: _____ Phone: _____

TRANSPORTATION:

Will you drive to and from your volunteer activities? Yes [] No []
Do you have a valid Washington State Driver's License? Yes [] No []
Driver's License Number: _____ Exp Date: _____

Beneficiary(s) for RSVP Accident Insurance

Name: _____ Relationship: _____
Address: _____

I hereby volunteer my services through the Pierce County RSVP. If I use my car in volunteer service, I will keep in effect the minimum Liability Insurance. I hereby authorize and give full consent to Lutheran Community Services Northwest, and those acting under their permission, the right to use my photograph and/or video or audio recordings of me for illustration, advertising or publicity purposes. I waive any claim for compensation, damages or otherwise in connection with such use. I understand that this permission encompasses any and all time.

In order to be covered by the RSVP supplemental insurance (no charge) while volunteering at your current volunteer assignment, you must submit hours for that assignment.

All information is kept confidential and is not distributed to outside sources. By signing this enrollment form, I agree and authorize a Washington State Patrol Identification and Background Check and a National Sex Offender Public website search at nsopw.gov. This search will be conducted if the volunteer position is episodic. These results can be reviewed by enrollee at any time.

I affirm that the information I have provided is accurate to the best of my knowledge.

(Signature of Volunteer)

(Signature of RSVP Staff)

(Date)

(Date)

What type of volunteer work are you interested in? _____

Volunteer job location preferred: _____

Describe your past occupation or volunteer experience: _____

Please list site(s) where you volunteer: _____

Any physical/medical limitations? _____

How did you hear about RSVP? _____

Special Note: We frequently get calls from various agencies looking for volunteers for special events. These are considered to be short-term assignments and can last anywhere from one day to one month. When we receive these calls, we turn to you, the RSVP Volunteer, to fill the need.

May we call you to see if you are interested in working at any of these special events? **Saying yes in no way obligates you to work at any special event.** Yes No

Do you have a Military Identification Card: Yes No

DEMOGRAPHIC INFORMATION: (*Optional: We are required by our granting organizations to ask for this information, but you are not required to answer it. This information is used to report numbers only, and will not be used in any other fashion.*)

Tribal Member: Yes No

Veteran: Yes No

Disabled: Yes No

Ethnicity: Hispanic, Latino, or Spanish Origin

Not Hispanic, Latino or Spanish Origin

Race: American Indian or Alaska Native

Asian

African American

Caucasian

Pacific Islander

Other Multiracial

Country of Origin: _____

Language: _____

When this application is returned, our Volunteer Coordinator, Nikiesha Thornton will contact you and get the information needed to process the background check through HireRight. Please send your completed application to:

**Attn: RSVP, Nancy McFarland
Lutheran Community Services Northwest
3848 S Junett St Tacoma, WA 98409**

Email: nmcfarland@lcsnw.org