

TUSTIN AREA SENIOR CENTER VOLUNTEER APPLICATION

Please print clearly.

Mr. Mrs. Ms.

Today's Date: _____

Name: _____ Complete Date of Birth (Required): _____
Last First Middle Initial

Address: _____ City: _____ CA Zip Code: _____

Home Phone: (_____) _____ Cell Phone #: (_____) _____

Email: _____ Occupation: _____

Priority Interests Flexible

Phone Receptionist Mailings Computer Tutor
Lunch Program Assistant Special Events Assistant Class/Seminar Instructor
Gift Shop Tustin Quilting CutUps Other: _____

Availability: M T W Th F Sat/Sun Times: _____ To: _____

Is it necessary to limit your physical activity in any way? Yes No

If "Yes," what is your limitation? _____

Why do you want to Volunteer for the Tustin Area Senior Center?

Individuals to be notified in case of emergency:

Name: _____ Relationship: _____

Address: _____ Phone: (____) _____

Medical Emergency Information:

Name of Doctor: _____ Phone: (____) _____

Preferred Hospital: _____

How did you hear about us?

Brochure OneOC Friend/Family: List Name _____
Special Event Newspaper: _____ Other: _____

Please check appropriate boxes for ethnicity (Optional):

White, not of Hispanic origin Black, not of Hispanic origin Hispanic
Asian or Pacific Islander American Indian or Alaskan Native Other: _____

FOR RETIRED SENIOR VOLUNTEER PROGRAM (RSVP) ONLY

Yes, I want to join the Retired Senior Volunteer Program. Initials _____

RSVP provides its members supplemental volunteer insurance-coverage for accident, medical volunteer liability and auto liability. This is at **NO COST** to the member. **Note: This information must be updated annually.**

I do not drive because I Ride with another person Use DialA-Ride Walk Take a bus
 Other (Specify) _____

I drive my own car and

I carry auto insurance equal or greater than that required by California State Law
 (\$15,000 personal injury, \$30,000 accident, \$5,000 property damage)

Driver's License Number: _____ State: _____ Expiration Date: _____

Insurance Carrier Name: _____ Policy Expiration Date: _____

Name of Beneficiary: _____ Relationship: _____

Address: _____ Phone #: (____) _____

ARE YOU THE HEAD OF HOUSEHOLD? Yes No

Circle # family living in home AND Annual Income Range

ANNUAL INCOME RANGE # family living in home	Moderate & Above	Low to Moderate	Low	Extremely Low
1	43,001 +	26,901-43,000	16,151-26,900	16,150 or less
2	49,151+	30,701-49,150	18,451-30,700	18,450 or less
3	55,301+	34,551-55,300	20,751-34,550	20,750 or less
4	61,451+	38,401-61,450	23,051-38,400	23,050 or less
5	66,351+	41,451-66,350	24,901-41,450	24,900 or less
6	71,251+	44,551-71,250	26,751-44,550	26,750 or less

MUTUAL UNDERSTANDING

1. I understand that if I use my personal automobile to travel to and from my volunteer service that I will carry Automobile Liability Insurance equal to the minimum limits required by the State of CA.
2. I understand that the supplemental volunteer insurance as provided by RSVP is at no cost to me.
3. I understand that **it is my responsibility** for recording and totaling my hours daily (mileage or public transportation costs if applicable) on a time sheet at each RSVP location where I volunteer.
4. I understand that as an RSVP volunteer I can request reimbursement for mileage/public transportation costs to and from my volunteer job, and that reimbursement checks are written semi-annually (Jan-Jun & Jul-Dec) and mailed at the end of the month following the six-month end (Jul & Jan). Currently, OneOC offers reimbursement for mileage at \$0.25/mile or actual transportation costs (bus, van, etc.) up to a \$25 maximum amount per month (minimum check \$10).
5. I understand that I am responsible for updating the OneOC office of any changes in my information.
6. I understand that photographs are taken of volunteers performing their duties that are used in publications. I **DO** **DO NOT** authorize the use of my picture for this purpose (please initial).

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Interview: Date ____/____/____ By: _____

Comments: _____