

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 Cut-Ups 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? _____

If you currently volunteer at the Tustin Area Senior Center, please list your area(s) of responsibility and the name of the person you report to:

Individuals to be notified in case of emergency:

Name: _____ Relationship: _____

Address: _____ Phone: (____) _____

Name: _____ Relationship: _____

Address: _____ Phone: (____) _____

Medical Emergency Information:

Name of Doctor: _____ Phone: (____) _____

Preferred Hospital: _____

How did you hear about us?

- Brochure Volunteer Center Orange County 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: _____

Head of Household (Optional): Yes No

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 Dial-A-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 #: (____) _____

MUTUAL UNDERSTANDING

1. I understand that should I use my personal automobile to travel to and from my volunteer services that I will carry Automobile Liability Insurance equal to the minimum limits required by the State of California.
2. I understand that the supplemental insurance provided by RSVP is at no cost to me.
3. 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 *once* each quarter and mailed at the end of the month following the close of each quarter. Currently, RSVP – Orange County offers partial reimbursement for mileage at \$0.25/mile or other transportation costs (bus, van, etc.) up to \$25 per month.
4. I understand that I am responsible for updating the RSVP office of any changes in the information on this registration form.

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Interview: Date ____/____/____ By: _____

Comments: _____