

Campbell County

Virginia



CAMPBELL COUNTY RSVP ENROLLMENT FORM

Parks and Recreation

Director, Mary H. Pascale

P.O. Box 369, Rustburg, VA 24586

recreation@campbellcountyva.gov

Phone: 434-332-9525; 592-9525; 283-9525

Fax: 434-332-9593

www.campbellcountyva.gov

FOR OFFICE USE ONLY!

Station(s) _____

Assignment(s) _____

Date Assigned: ___/___/___

Computer Entry: ___/___/___

By: _____

Please print and complete all sections. Forms with original signatures are required for enrollment.

Name _____ Birth Date _____

Mailing Address _____ City _____ Zip _____

Phone _____ Cell Phone _____ Email _____

Are you a Veteran? ___ Yes ___ No Physical/Medical Limitations: _____

Have you ever been convicted of a criminal offense or misdemeanor? Yes

If Yes, please attach an explanation of charges, date of offense, and status of the charges on a separate sheet to be included with this application.

Driver's License # _____ State _____ Expiration Date _____

RSVP provides a mileage reimbursement for travel between home and volunteer site to the volunteers.

Will you be claiming a mileage reimbursement for travel to and from your volunteer location? Yes ___ No ___

If Yes, is a copy of your proof of auto insurance showing active coverage attached? Yes ___ No ___

As a volunteer of RSVP, you will be covered by accident and personal liability insurance plus a small death benefit while performing volunteer duties. This coverage is automatic and free of cost to you as long as you are an active, enrolled member of RSVP. Please provide the following information.

Emergency Contact _____ Phone _____

Governing with Vision

To be the most collaborative, professional, value-driven locality in Virginia

www.campbellcountyva.gov

Beneficiary for RSVP Supplemental Accident Insurance:

Name _____ Relationship _____

Address _____ Phone _____

Employment Experience _____

Special Skills/Interests/Languages _____

Volunteer Experience (Current, Past, Preferred) _____

Days/Hours Available: Mon ___ Tues ___ Wed ___ Thu ___ Fri ___ Mornings ___ Afternoons ___

Please indicate if RSVP may have permission to use your likeness?

I hereby grant Campbell County RSVP permission to use my likeness in photograph(s)/video(s) in any and all of its publications or on the world wide web, whether now known or hereafter existing, controlled by RSVP of Campbell County in perpetuity. I will make no monetary or other claim against RSVP of Campbell County for the use of these photograph(s)/video(s).

I do not give permission to use my likeness in photograph(s)/video(s) to Campbell County RSVP.

Certifications

By signing below, I acknowledge that I have read and understand the following statements:

- I hereby state that I am 55 years of age or older and offer my services as a volunteer for the Campbell County Retired Senior Volunteer Program. I understand that I am not an employee of the RSVP Project, the sponsor, Campbell County, the volunteer station or the Federal Government and agree to serve without compensation.
- I understand that in my capacity as an RSVP volunteer I may come into contact with confidential information. I agree to protect this information to the best of my ability and not to disclose it during or after my service as a volunteer has ended.
- I understand that if I use my personal automobile in my volunteer service, I will arrange to keep in effect automobile liability insurance equal or greater to the minimum requirements of the state of VIRGINIA. I will also keep in effect a valid VIRGINIA Driver's license.

RSVP Volunteer Signature

Date

RSVP Staff Signature

Date

Equal Employment Agency - Campbell County RSVP is an equal opportunity Agency. Enrollment is done without regard to race, color, religion, national origin, sex, age or disability. RSVP provides reasonable accommodations to the known disabilities of individuals in compliance with the Americans with Disabilities Act. For accommodation information or if you need special accommodations to complete the application process, please contact Campbell County RSVP at (434) 332.9570.

Return completed registration to: Campbell County RSVP
(Original Signatures) PO Box 369
Required on the Form) Rustburg, VA 24588

For Questions contact:
Mary Pascale (434) 332-9570
RSVP@co.campbell.va.us

FOR OFFICE USE ONLY:

The following information is optional and will not affect your enrollment with Campbell County RSVP

1. Occasionally Campbell County RSVP will purchase volunteer recognition gifts to RSVP members. Please share the size you would use on each item blow.

Item	Size	Item	Size	Item	Size
Jacket		Vest		Hoodie	
Sweatshirt		Hat		Shoe size (for snow cleats)	

2. Which show of appreciation would mean the most to you? (Check all that apply)

Specially arranged meals <input type="checkbox"/>	Gifts <input type="checkbox"/>	Certificates <input type="checkbox"/>
RSVP logo wear <input type="checkbox"/>	Being chosen as the volunteer of the month <input type="checkbox"/>	Being highlighted in the newsletter <input type="checkbox"/>
Other (Make suggestion)		

3. RSVP is often asked to provide demographical information pertaining to volunteer members. Please provide the following information (Optional).

Are you a Veteran? _____

Are you an active Military Member? _____

Are any of your family members actively serving in the military? _____

(Optional) Gender:

_____ Male

_____ Female

(Optional) Race/Ethnic Background:

___ White ___ Asian ___ African-American ___ Hispanic/Latino

___ American Indian/Alaska Native ___ Pacific Islander ___ Other

Thank you for any information you have provided. Your information is **never** sold, shared, or used outside of RSVP, Campbell County government or the Corporation of National and Community Service.