

**RSVP Volunteer Program**

Western Dairyland E.O.C., Inc.

P.O. Box 125

23122 Whitehall Road

Independence, WI 54747

Phone: 175-985-2391 or 800-782-1063

**Volunteer  
Registration Form****\*\*REQUIRED\*\*****First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_**Address:** \_\_\_\_\_ **Apt #:** \_\_\_\_\_ **County:** \_\_\_\_\_**Mailing Address:** (if different than physical address)  
\_\_\_\_\_**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_**Home Phone #:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ **Cell Phone #:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_**Email Address:** \_\_\_\_\_**Birthdate:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_**Gender: (please check)** \_\_\_\_ Male \_\_\_\_ Female**Racial Group: (please check)** \_\_\_\_ American Indian \_\_\_\_ Asian \_\_\_\_ Black/African American \_\_\_\_ Hawaiian/Pacific Islander  
\_\_\_\_ Hispanic \_\_\_\_ White Caucasian**Veteran: (please check)** \_\_\_\_ No \_\_\_\_ Yes**Disability or Restriction: (please check)** \_\_\_\_ No \_\_\_\_ Yes**Past Occupation:** \_\_\_\_\_**\*\*REQUIRED\*\*****Information for Supplemental Insurance Coverage**

RSVP provides secondary accidental and liability insurance for volunteers while they are participating in volunteer activities. A complete explanation of benefits will be provided to you.

**Automobile Liability Insurance****Will you drive your personal vehicle to/from or during your volunteer activity?** \_\_\_\_ Yes \_\_\_\_ No

If yes, you must provide:

**Drivers License #**  
\_\_\_\_\_**Expiration Date:** \_\_/\_\_/\_\_

I understand that if I use my personal vehicle in my volunteer service, I must carry minimum state required liability insurance coverage.

\_\_\_\_ YES, my vehicle is insured by: \_\_\_\_\_

**\*\*REQUIRED\*\*****Beneficiary for Supplemental Accident Insurance**

In the case of accidental loss of life or dismemberment while volunteering, designate a beneficiary:

**Beneficiary's Name:** \_\_\_\_\_**Phone #:** \_\_\_\_\_**Street Address:** \_\_\_\_\_**City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_**Email Address:**  
\_\_\_\_\_

**\*\*REQUIRED\*\***

**Photo Release: (please check)**  
 I have no objection to the use of my picture by RSVP for the specific purpose of publicity, public relations, or educational promotion, providing it is legitimately published with discretion, I have given my consent:  
 \_\_\_ Agree \_\_\_ Disagree

**Education (please check)**

\_\_\_ Associate Degree      \_\_\_ Bachelor's Degree  
 \_\_\_ College Graduate      \_\_\_ Master's Degree  
 \_\_\_ Elementary      \_\_\_ Vocational  
 \_\_\_ High School Grad / GED

**How did you hear about RSVP?  
(please check)**

\_\_\_ Another Volunteer      \_\_\_ Radio  
 \_\_\_ Church      \_\_\_ RSVP Staff  
 \_\_\_ Event Fair      \_\_\_ Site Supervisor  
 \_\_\_ Friend      \_\_\_ Spouse  
 \_\_\_ Other      \_\_\_ TV

**Skills and Areas of Interest (please check all that apply):**

___ Adult Education	___ Food Distribution/Pantries	___ Outdoor/Environmental
___ Arts & Crafts	___ Foreign Language	___ Quilting/Sewing
___ Bingo/Games	___ Fundraising	___ Reading Buddy
___ Blood Donation Center	___ Gardening	___ Schools/Education
___ Card Playing	___ Home Delivered Meals	___ Tax Preparation
___ Computers	___ Hospital/Nursing Home	___ Thrift Stores
___ Congregational / Senior Meals	___ Volunteer Driving	___ Tutoring/Mentoring
___ Coordinating Projects	___ Companionship Visiting	___ Veteran Services
___ Disaster Services	___ Library	___ Volunteer Driving
___ Financial Literacy	___ Office Assistant	___ Youth Programs

**\*\*REQUIRED\*\***

The individual will volunteer services through the Western Dairyland RSVP Program without an expectation of pay, and there is agreement that the individual is not an employee of Western Dairyland EOC, Inc.

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_

RSVP Program Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**CONFIDENTIALITY STATEMENT**

It is important to the Western Dairyland, EOC Retired and Senior Volunteer Program to maintain confidentiality of private information relating to your volunteer placement. During the course of your volunteer activities, you may come across confidential information about the people services, and organization you volunteer with. Discussing or sharing confidential information of a casual basis at your volunteer site, in your home, or in public violates privacy. Any questions regarding confidentiality should be directed to the volunteer site supervisor or RSVP Program Director.

- Confidential information included but is not limited to:
- Written records, documents, forms, messages
- Electronic files, emails, software content
- Casual conversations, meetings, phone calls, verbal messages
- Personal information about client, patients, participants, students, staff, volunteers
- Information on volunteer site operations, financials, and activities

**CONFIDENTIALITY AGREEMENT**

During the course of activities as a Volunteer, I understand that it is my legal and ethical responsibility to keep confidential all information that relates to my volunteer activities. I understand that if I breach confidentiality, whether intentional or unintentional, I may be subject to disciplinary action.

By signing my name below, I acknowledge that I have read and understood the information of this form. I also understand that a copy of this form will be provided to the RSVP volunteer site where I am assigned if requested by the site supervisor.

Name: (Please Print) \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_