



# VOLUNTEER REGISTRATION FORM South East Texas Regional Planning Commission GOLDEN TRIANGLE RSVP

2210 Eastex Freeway, Beaumont, TX 77703 RSVP Direct Line: (409) 924-3382 Fax: (409) 347-0138

Email: ppearson@setrpc.org

Like us on Facebook @GoldenTriangleRSVP

### Please print and complete all sections.

Mr. / Mrs. / Ms.					
Name		Birtho	date		
Address		City/State		Zip _	
Home Phone	Cell	Email			
Are you a Veteran? (Serv Is anyone in your family		-	ited States)	□ YES	□ NO
Are you a US Armed For Guard) <b>□ YES □ NO</b>	ces Service Member	? (Served in the Army, Na	avy, Air Force	e, Marine Co	orps, and Coast
Is anyone in your family Corps, and Coast Guard)		Service Member? (Ser	ved in the A	rmy, Navy, A	Air Force, Marine
Do you have a disability?	YES   NO	lf Yes, please list			
Do you have a car? ☐ Exp. Date		s License #			_State
Emergency Contact		Phon	ıe		
Beneficiary for RSVP Su	pplemental Accident	Insurance: Name			
Relationship		Phone			
Address		City/State		Zip _	
Education (highest level	completed)				
Retired?   YES   N	IO If No, place of en	nployment			
Skills/Interests/Language	es				
Volunteer Experience		electrician, social media sp	oecialist, tea	cher, etc.)	
Preferred Volunteer Assi	• ,	2 nment will be made b			
	⊦ınal volunteer assigı	nment will be made b	y RSVP st	att.)	
Days/Hours Available					

Please	be	advised	that	the	Golden	Tria	ngle	RSV	'P oc	casionally	uses	photos	of	our	volunte	eers	in
promot	iona	I materia	ıls an	d as	a mark	ceting	tool	for f	undin	g, recruitr	nent a	ınd publ	icity	pur	poses.	Ιg	jive
permis	sion	for my pl	hoto t	o be	used.		YES		NO								

#### **Certifications**

## By signing at the bottom of this application, 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 Golden Triangle Retired & Senior Volunteer Program. I understand that I am not an employee of the RSVP project, the sponsor, the volunteer station or the Federal Government and agree to serve without compensation.
- I further agree that if I use my personal automobile while I volunteer (i.e. funerals, meals on wheels), I will keep in effect automobile liability insurance equal to or greater than the minimum required by the state of Texas. I will also keep in effect a valid Texas Driver's license.
- I understand that in my capacity as an AmeriCorps Seniors volunteer in RSVP 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 RSVP will perform a National Sex Offender Search and volunteering for RSVP will be contingent on the results of that search.
- Equal Employment Agency Golden Triangle RSVP is an equal opportunity Agency. I understand enrollment in this program is available to all, without regard to race, color, national origin, gender, age, religion, sexual orientation, disability, gender identity or expression, political affiliation, marital or parental status, genetic information and military service.

#### **PROHIBITED ACTIVITIES**

- 1) Volunteers and RSVP staff do not engage in, and AmeriCorps Seniors RSVP Grant funds are not used for, any of the following activities, to the extent they are prohibited in the applicable program regulations:
- Electoral activities, voter registration, voter transportation to polls, efforts to influence legislation or influence elections or voter registration activity,
- Religious instruction, conduct worship services, or proselytization as part of their volunteer duties and if the sponsor is an organization that conducts inherently religious activities, those activities are offered separately, in time and location, from the programs or services funded under the AmeriCorps Seniors grant,
- Abortion services or referrals for receipt of such services as part of activities conducted for the AmeriCorps Seniors RSVP program.
- 2) Volunteers do not engage in any activity which would otherwise be performed by an employed worker or which would supplant the hiring of or result in the displacement of employed workers or impair existing contracts for service.
- 3) Neither the Grantee nor any volunteer station may request or receive compensation from the beneficiaries of AmeriCorps Seniors volunteers.
- 4) An RSVP volunteer (AmeriCorps Seniors volunteer) may not receive a fee for service from service recipients, their legal guardian, members of their family or friends.
- 5) Grant funds are not used to finance labor or anti-labor organizations or related activity.
- 6) Any volunteer station financial support of the AmeriCorps Seniors project (RSVP) is not a precondition for that station to obtain volunteer service.

not report time spent on such activities on my Americal volunteer timesheet. I understand my volunteer service RSVP timesheet must be compliant with my volunteer to me by RSVP staff. I also understand that the prohabove apply only to my volunteer service reported to and that I may choose to engage in such activities of	vice hours reported on my er job description(s) supplied ibited activities mentioned o AmeriCorps Seniors RSVP					
Signature of Volunteer	Date					
Signature of Volunteer Coordinator	Date					
CRUITED BY: ME	□ Site □ RSVP Volunteer					
Enrollment Form: Detachable A	ddendum					
Golden Triangle RSVP is often asked to provide demographic volunteers. Please provide the following information. It is open concliment with Golden Triangle RSVP. Thank you for any information is never sold, shared, or used outside of AmeriCo or the South East TX Regional Planning Commission.	ortional and will not affect your ormation you can provide. Your					
Male □ Female □ Gender Fluid/Does not identify as Male or Female □						
What is your race/ethnic background? (Select one)						
<ul> <li>☐ Hispanic/Latino</li> <li>☐ Asian.</li> <li>☐ Black or African Ame</li> <li>☐ Native Hawaiian or Other Pacific Islander.</li> <li>☐ White.</li> <li>☐ Two or more Races.</li> <li>☐ Choose not to answer</li> </ul>						
Do you identify as a member of the LGBTQIA+ comm	nunity?					
☐ Yes ☐ No ☐ Unknown/Choose not to answer						
How did you hear about us? Please specify:						
FOR OFFICE USE ONLY:						
Name of person verifying age & car insurance						
Date						
Station(s) AssignedDa	ite Assigned					
Welcome Package Sent/Entered in Computer						

"I have read and understand the above-mentioned prohibited activities and will