



## RETIRED & SENIOR VOLUNTEER PROGRAM (RSVP) Volunteer Application

### CONTACT INFORMATION

Name \_\_\_\_\_  
Last Name First Name Middle Initial  
Address \_\_\_\_\_  
Street PO Box  
City State Zip Code County  
Phone \_\_\_\_\_ Email \_\_\_\_\_

### BENEFICIARY FOR RSVP SUPPLEMENTAL INSURANCE *(free to RSVP volunteers)*

Primary Beneficiary Name \_\_\_\_\_  
Address \_\_\_\_\_  
Street/ PO City ST ZIP  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Secondary Beneficiary Name *(optional)* \_\_\_\_\_  
Address \_\_\_\_\_  
Street/ PO City ST ZIP  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_

### EMERGENCY CONTACT ☐ Same as Primary Beneficiary

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### MEDIA RELEASE

As a participant in a NEMCSA program, I grant permission to NEMCSA to use my name, image and/or voice in any of NEMCSA's electronic, print or multimedia publications (including but not limited to agency online/web content, social media outlets, agency annual reports and any other print or electronic publications by NEMCSA) and I agree that I will make no monetary or other claim against NEMCSA relating the use of my name, image and/or voice. This release will remain active until revoked in writing by either party.

☐ I DO give my permission. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ I do NOT give my permission to use my likeness.

### DEMOGRAPHICS

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Marital Status \_\_\_\_\_ Veteran? ☐ Yes ☐ No

Are you an Active Military Member? ☐ Yes ☐ No Any family members actively serving in the military? ☐ Yes ☐ No

### MILEAGE

Would you like to receive mileage reimbursement to and from your volunteer site? ☐ Yes ☐ No ☐ Maybe

*If yes – you need to submit mileage with your timesheet and obtain a signature from your station supervisor.*

Driver's License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

☐ Copy of license attached ☐ Copy of Auto Insurance attached *(only if seeking mileage reimbursement)*

How did you hear about RSVP? \_\_\_\_\_

What kind of service interests you? \_\_\_\_\_

Are you currently volunteering anywhere? If yes, please list \_\_\_\_\_

Skills, hobbies, or interests: \_\_\_\_\_

Locations and/or types of volunteer work of interest: (Examples: Administrative, Construction, Work with kids, Thrift Store, Non-emergency medical transport, Meal delivery, Food pantry, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Availability for volunteering:

Select Availability	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Indicate days avail.							
Time avail. on day							

Physical/Medical Limitations? (Example: do you prefer sitting? Are you able to stand for 2-3 hours? Do you need wheelchair access?) \_\_\_\_\_

RSVP is available to all, without regard to race, color, national origin, disability, aged 55+ years, sex, political affiliations, or religion.

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

*The information provided is true and correct to the best of my knowledge. I understand the intentional use of false information will result in my termination from participation in NEMCSA's RSVP.*

*I understand if I use my own vehicle for transportation to and from the volunteer station with which I am placed, I must keep in effect and up to date, automobile insurance equal to or greater than the minimum required by the State of Michigan. I will also keep in effect a valid MI driver's license.*

*I understand NEMCSA may background check all volunteers and my active involvement is dependent on the outcome.*

*I agree to become a participant in NEMCSA's RSVP. I hereby state that I am 55 years of age or older and offer my services as a volunteer for the NEMCSA RSVP program. I further understand I am not an employee of NEMCSA, the Aging and Adult Services Agency (AASA – State funding source), or Corporation for National and Community Service (CNCS – Federal funding source) and agree to serve without compensation.*

Volunteer Signature \_\_\_\_\_

Date \_\_\_\_\_

NEMCSA RSVP Project Director \_\_\_\_\_

Date \_\_\_\_\_

Mail completed application to:  
**NEMCSA/RSVP**  
**1015 Short Dr**  
**Prudenville MI 48651**  
or Email to:  
[ottoa@nemcsa.org](mailto:ottoa@nemcsa.org)

**Questions:**  
**Alpena Office:**  
email:  
**Prudenville Office:** (989) 358-4650  
or email: [ottoa@nemcsa.org](mailto:ottoa@nemcsa.org)  
[www.NEMCSA.org](http://www.NEMCSA.org) Revised 6/24