



RSVP of Central Oklahoma, Inc.

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Volunteer Registration Form

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

Name: _____ Goes By: _____ Birthdate: _____

Mailing Address: _____
(Street) (City) (Zip Code)

Home Phone: _____ Cell Phone: _____ Email: _____

Sex: _____ Physical/Medical Limitations: _____

Are you a past member of RSVP? _____ Are you a Veteran? _____ Do you drive? _____

Have you ever been convicted of a **criminal offense**? _____ **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.

Employment Experience: _____

Special Skills/Interests: _____

How did you learn about RSVP? _____

Volunteer Experience: Current- _____

Past- _____

Preferred- _____

As a volunteer, you will receive free accident and personal liability insurance. Please provide the following information:

Emergency Contact: _____ Relationship: _____ Phone: _____

Beneficiary for RSVP Supplemental Accident Insurance:

Name: _____ Relationship: _____ Phone: _____

Please indicate if RSVP may have permission to use your name, image, likeness, and/or statements:

RSVP of Central Oklahoma may photograph, record video, or take statements from volunteers at RSVP events and/or during the course of a volunteer's duties to be shared and used in a respectful manner for communications, marketing efforts, and reporting.

I grant RSVP of Central Oklahoma permission to use my name, image, likeness, and/or statements in its publications or on the internet (including rsvpokc.org, social media accounts, and via email). I agree to make no monetary or other claim against RSVP of Central Oklahoma for the use of this material. I understand that I may request that RSVP of Central Oklahoma remove a specific instance of my name, image, likeness, or statement from its live digital platforms at any time.

I do not grant RSVP of Central Oklahoma permission to use my name, image, likeness, or statements.

Please indicate if RSVP may have your permission to perform a confidential background check:

- I understand that RSVP may at their own expense and discretion choose to perform confidential background checks on any/all registered members. I hereby give my permission for such checks to occur.
- I do not give permission to perform confidential background checks.

Do you prefer a magnet or pinback name badge?

- Magnet (not recommended for use with pacemaker)
- Pinback

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 RSVP of Central Oklahoma. I understand that I am not an employee of RSVP of Central Oklahoma, the volunteer agency in which I serve, nor the Federal Government, and I agree to serve without compensation.
- I understand that in my capacity as a 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 Oklahoma. I will also keep in effect a valid driver's license.

Signature _____ Date _____

