



# VOLUNTEER REGISTRATION CHECK-LIST

**VOLUNTEER NAME** \_\_\_\_\_

**DATE RECEIVED (C.CITY)** \_\_\_\_\_

## STATIONS

- \_\_\_\_\_ Volunteer Registration
- \_\_\_\_\_ Code of Ethics
- \_\_\_\_\_ Confidentiality Agreement



### CARSON CITY TO DO

- \_\_\_\_\_ NSOPW (Sandy)
- \_\_\_\_\_ Notification to Station (Sandy)
- \_\_\_\_\_ Enter into VR (Sandy)
- \_\_\_\_\_ Schedule Orientation (Sandy)

## HOME COMPANION AND PERS INSTALLER VOLUNTEERS

- \_\_\_\_\_ Volunteer Registration
- \_\_\_\_\_ Background Check Data, Disclosure and Acknowledgement Forms
- \_\_\_\_\_ Code of Ethics
- \_\_\_\_\_ Confidentiality Agreement
- \_\_\_\_\_ ADSD Self Declaration
- \_\_\_\_\_ Graded Elder Abuse Prevention Quiz
- \_\_\_\_\_ 2 References – Non-Relative
- \_\_\_\_\_ Copy of Nevada Driver’s License
- \_\_\_\_\_ Workers Compensation



### CARSON CITY TO DO

- \_\_\_\_\_ IntelliCorp Background Check (Sandy)
- \_\_\_\_\_ NSOPW (Sandy)
- \_\_\_\_\_ Nevada DOC (Sandy)
- \_\_\_\_\_ Notification to Field Rep (Sandy)
- \_\_\_\_\_ Enter into VR (Sandy)
- \_\_\_\_\_ Welcome Ltr./Schedule Orientation
- \_\_\_\_\_ Volunteer Follow-up Call (Carson)

## RESPITE WORKERS

- \_\_\_\_\_ Volunteer Registration
- \_\_\_\_\_ Background Check Data, Disclosure and Acknowledgement Forms
- \_\_\_\_\_ Code of Ethics
- \_\_\_\_\_ Confidentiality Agreement
- \_\_\_\_\_ ADSD Self-Declaration
- \_\_\_\_\_ Graded Elder Abuse Prevention Quiz
- \_\_\_\_\_ 2 References – Non-Relative
- \_\_\_\_\_ Copy of Nevada Driver’s License
- \_\_\_\_\_ Form I-9, Social Security Card with current name
- \_\_\_\_\_ Form W-9



### CARSON CITY TO DO

- \_\_\_\_\_ IntelliCorp Background Check (Sandy)
- \_\_\_\_\_ NSOPW (Nancy)
- \_\_\_\_\_ Nevada DOC (Nancy)
- \_\_\_\_\_ Notification to Field Rep (Nancy)
- \_\_\_\_\_ Enter into VR (Nancy)
- \_\_\_\_\_ Orientation (Field Rep)
- \_\_\_\_\_ Volunteer Follow-up Call (Carson)

## HOMEMAKERS

- \_\_\_\_\_ Volunteer Registration
- \_\_\_\_\_ Background Check Data, Disclosure and Acknowledgement Forms
- \_\_\_\_\_ Code of Ethics
- \_\_\_\_\_ Confidentiality Agreement
- \_\_\_\_\_ ADSD Self-Declaration
- \_\_\_\_\_ Graded Elder Abuse Prevention Quiz
- \_\_\_\_\_ 2 References – Non-Relative
- \_\_\_\_\_ Copy of Nevada Driver’s License
- \_\_\_\_\_ Form I-9, Social Security Card with current name
- \_\_\_\_\_ Workers Compensation
- \_\_\_\_\_ Form W-9
- \_\_\_\_\_ Homemaker Services Agreement



### CARSON CITY TO DO

- \_\_\_\_\_ IntelliCorp Background Check (Sandy)
- \_\_\_\_\_ NSOPW (Sarah)
- \_\_\_\_\_ Nevada DOC (Sarah)
- \_\_\_\_\_ Notification to Field Rep (Sarah)
- \_\_\_\_\_ Enter into VR (Sarah)
- \_\_\_\_\_ Orientation (Field Rep/Sarah)
- \_\_\_\_\_ Volunteer Follow-up Call (Sarah)



**VOLUNTEER DRIVER**

- \_\_\_\_\_ Volunteer Registration
- \_\_\_\_\_ Code of Ethics
- \_\_\_\_\_ Confidentiality Agreement
- \_\_\_\_\_ ASDS Self-Declaration
- \_\_\_\_\_ Graded Elder Abuse Prevention Quiz
- \_\_\_\_\_ Copy of Nevada Driver's License & Vehicle Insurance
- \_\_\_\_\_ Nevada 3-Year Driver History (obtained online)
- \_\_\_\_\_ Workers Compensation



**CARSON CITY TO DO**

- \_\_\_\_\_ NSOPW (Sandy)
- \_\_\_\_\_ Nevada DOC (Sandy)
- \_\_\_\_\_ Notification to Field Rep/Transportation (Sandy)
- \_\_\_\_\_ DMV Receipt to Controller (Sandy)
- \_\_\_\_\_ Enter into VR (Sandy)
- \_\_\_\_\_ Welcome Letter (Sandy)
- \_\_\_\_\_ Volunteer Follow-up Call (Carson)

**OFFICE VOLUNTEER**

- \_\_\_\_\_ Volunteer Registration
- \_\_\_\_\_ Background Check Data, Disclosure and Authorization Forms
- \_\_\_\_\_ Code of Ethics
- \_\_\_\_\_ Confidentiality Agreement
- \_\_\_\_\_ ASDS Self Declaration
- \_\_\_\_\_ Graded Elder Abuse Prevention Quiz
- \_\_\_\_\_ 2 References – Non-Relative
- \_\_\_\_\_ Copy of Nevada Driver's License
- \_\_\_\_\_ Workers Compensation



**CARSON CITY TO DO**

- \_\_\_\_\_ IntelliCorp Background Check (Sandy)
- \_\_\_\_\_ NSOPW (Sandy)
- \_\_\_\_\_ Nevada DOC (Sandy)
- \_\_\_\_\_ Notification to Field Rep (Sandy)
- \_\_\_\_\_ Enter into VR (Sandy)
- \_\_\_\_\_ Welcome Ltr./Schedule Orientation
- \_\_\_\_\_ Volunteer Follow-up Call (Carson)

**Notes:**

If volunteer is interested in multiple assignments, choose the highest level of registration requirements!

**VOLUNTEER REGISTRATION**

Name: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_  
Address: \_\_\_\_\_  
**Mailing & Physical** \_\_\_\_\_  
City: \_\_\_\_\_ State:   NV   Zip Code: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Cell #: \_\_\_\_\_ **Birth Date:** \_\_\_\_\_  
Work Phone #: \_\_\_\_\_ Sex: **Male** **Female** *(Please circle one)*  
E-mail Address: \_\_\_\_\_

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

**ARE YOU A VETERAN? (Please circle one)** Yes No

Do you drive? (YES) \_\_\_\_\_ (NO) \_\_\_\_\_ Do you plan to drive your own car? (YES) \_\_\_\_\_ (NO) \_\_\_\_\_

If so, I \_\_\_\_\_, a RSVP Volunteer, understand that if I use my personal automobile in my volunteer service, I will arrange to keep in effect, automobile insurance equal to the minimum limits required by our state.

\* **Drivers License #:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_  
*(Copy required / both sides, if there is a renewal sticker)*

\* **Auto Insurance Carrier:** \_\_\_\_\_

\* **Policy #:** \_\_\_\_\_ *(Copy of Nevada Evidence of Insurance Card required)*

\* **Social Security #:** \_\_\_\_\_

\* **This information is mandatory for Volunteers who wish to be Home Companions, Homemakers, Respite, Drivers, RSVP Office, or Lifeline Installers; otherwise, it is not required.**

**◆ RSVP Requires a background check (at our expense) for Home Companion, Homemaker, Lifeline Installer, Respite, and/or RSVP Office before placement on first assignment.**

**When are you available?** AM \_\_\_\_\_ PM \_\_\_\_\_ (Circle one or more) M T W TH F SAT SUN

**What would you like to do? (Please check all that apply)**

- \_\_\_\_\_ **◆ Home Companion:** visits to the senior's home, take them shopping or do shopping/errands for them, pick up prescriptions, read/write; things that a good neighbor would do. ***Home Companions do not provide personal care, health care and/or cleaning services, etc.***
- \_\_\_\_\_ **◆ Driver:** transport to medical, dental & eye appts., pick up prescriptions, take grocery shopping & banking

(Over Please)

- ♦ **Lifeline Installer:** (Medical Alert System) Installation training will be provided.
  - ♦ **RESPIRE Care (Volunteers *do not provide personal care, health care and/or cleaning services, or transport their clients.*)**
  - ♦ **HOMEMAKER:** Housekeeping, Food Preparation.
  - ♦ **RSVP Office- General Clerical** (open/sort mail, stuff envelopes, answer phones, data entry, etc.)
- |   |   |
|---|---|
| <input type="checkbox"/> <b>Computer:</b> (word processing, data entry)<br><input type="checkbox"/> <b>Hospital, Clinic, Convalescent Center</b><br><input type="checkbox"/> <b>Commodities:</b> (USDA Food Distribution)<br><input type="checkbox"/> <b>Nutrition Programs</b><br><input type="checkbox"/> <b>City, County, State Agencies and Departments</b><br><input type="checkbox"/> <b>Work with children/youth:</b> schools, museums, clubs<br><input type="checkbox"/> <b>Other</b> _____ | <input type="checkbox"/> <b>Library Services</b><br><input type="checkbox"/> <b>Gift and/or Thrift Shop</b><br><input type="checkbox"/> <b>Sheriff's or Fire Department</b><br><input type="checkbox"/> <b>Tour guide/docent</b><br><input type="checkbox"/> <b>Arts/Cultural</b><br><input type="checkbox"/> <b>Literacy or ESL Literacy</b><br><input type="checkbox"/> <b>Western Nevada College</b> |
|---|---|

Please tell us a little about yourself [Optional]: (Check all applicable)

**WORK/SKILLS AND VOLUNTEER EXPERIENCE:**

- Office / Accounting / Business Management
- Teacher
- Military
- Casino / Restaurant
- Sales / Cashier
- Health Services / Homemaker
- Handyman Skills / Construction, etc.
- Computers (What types and programs)

**SPECIAL INTEREST:**

- Reading, Music
- Cooking, Baking
- Crochet / Knitting / Sewing
- Arts / Crafts / Painting/
- Photography
- Animals
- Travel
- Collecting / Antiquing

Other skills: Please List \_\_\_\_\_

Do you speak a foreign language? (List) \_\_\_\_\_

**Statistical Data (Requested by the Corporation for National & Community Service, Washington, D.C.):**

**(CHECK ONE ONLY PLEASE)**

White \_\_\_ Hispanic \_\_\_ Asian/Pacific Islander \_\_\_ Native American \_\_\_ African American \_\_\_ Other \_\_\_

**IN CASE OF EMERGENCY**

Please Call: Name \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

**BENEFICIARY FOR RSVP ACCIDENT INSURANCE**  
 (SPECIAL NOTE: A Beneficiary must be someone other than yourself!)

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**RSVP Executive Director** SIGNATURE/DATE \_\_\_\_\_

**RSVP Volunteer** SIGNATURE / DATE \_\_\_\_\_



PERSONAL DATA

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Dates Lived Here

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Other Names Used (including maiden name)

\_\_\_\_\_  
Years Used

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
DL State

\_\_\_\_\_  
Email address (may be used for official correspondence)



## DISCLOSURE REGARDING BACKGROUND CHECK

Nevada Rural Counties RSVP Program, Inc. may obtain information about you from a third-party consumer reporting agency for volunteer screening and/or contractor workers. Thus, you may be the subject of a “consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records (“driving records”).

These searches will be conducted by **IntelliCorp Records, 3000 Auburn Drive, Suite 410, Beachwood, Ohio 44122; Tel. No. 1.888.946.8355; [www.intellicorp.net](http://www.intellicorp.net).**

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

Date: \_\_\_\_\_



ACKNOWLEDGEMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate stand-alone Disclosure and certify that I have read and understand it and this authorization. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by **Nevada Rural Counties RSVP Program, Inc.** at any time after receipt of this authorization and throughout my volunteer/contracted labor assignments, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or Private), information service bureau or insurance company to furnish any and all background information requested by **IntelliCorp Records, 3000 Auburn Drive, Suite 410, Beachwood, Ohio 44122; Tel. No. 1.888.946.8355; [www.intellicorp.net](http://www.intellicorp.net).**

I do \_\_\_\_\_ do not \_\_\_\_\_ authorize you to contact, through IntelliCorp Records, my *current* employer for Employment and Reference Verifications. (Checking "I do" will authorize inquires to the Human Resources Department and to any listed supervisors.)

I also consent to have any legally required notices sent electronically.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## RSVP VOLUNTEERS CODE OF ETHICS

The Code expresses the core values and conduct of Nevada Rural Counties Retired Senior Volunteer Program (RSVP) Volunteers.

- ✧ Volunteers shall establish and maintain a working relationship with the RSVP Staff and Field Representatives.
- ✧ As representatives of RSVP, Volunteers shall conduct activities in an ethical, courteous, prudent and legal manner.
- ✧ Volunteers shall respect all individuals without regard to race, color, religion, creed, age, gender, national origin or ancestry, or physical capabilities.
- ✧ As representatives of RSVP, Volunteers shall uphold the highest standard of conduct and professionalism, and shall make full disclosure of all relationships which might pose, or appear to pose, possible conflicts of interest or be interpreted as abusive under Nevada Elder Abuse Statutes.
- ✧ Any complaints or criticisms about the operations of RSVP and any Volunteers, Staff or Field Representatives shall be addressed in accordance with the grievances procedures established by RSVP.
- ✧ Volunteers shall not make complaints public without first following the grievances procedures established by RSVP.

I hereby certify that I have read the Code herein and that I accept my responsibilities as a Volunteer with RSVP and agree to comply with the Code during my service as a Volunteer.

Dated this \_\_\_\_ day of \_\_\_\_\_, 2021

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Signature

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Printed Name



**CONFIDENTIALITY AGREEMENT  
AND CONFIRMATION OF RECEIPT OF HANDBOOK**

**Whereas**, the undersigned may be exposed to written and oral confidential information pertaining to the clients of the Carson and Rural Elder Law Program and the Nevada Rural Counties Retired Senior Volunteer Program.

**Now, therefore**, the undersigned does hereby agree to respect and protect the confidentiality of said clients to the greatest extent possible; to not discuss confidential information pertaining to said clients with any outside entities or businesses, or any persons not employed by the Carson and Rural Elder Law Program and the Nevada Rural Counties Retired Senior Volunteer Program unless specifically authorized to do so in writing by said clients or required to do so as a mandatory reporter under the Nevada Elder Abuse statutes; and to use the same degree of care in safeguarding said clients' confidential information as the undersigned would use in safeguarding the undersigned's own personal confidential information.

**Further**, the undersigned acknowledges the undersigned has been given a copy of the Volunteer or Employee Handbook, including the provisions of the Nevada Elder Abuse statutes. The undersigned is aware and acknowledges that as an employee or volunteer with the Carson and Rural Elder Law Program or the Nevada Rural Counties Retired Senior Volunteer Program, the undersigned is subject to the Nevada Elder Abuse statutes and is a mandatory reporter under those statutes.

This Agreement shall be applicable during the duration of employment or volunteer service, and for five years after termination of employment or volunteer service, with the Carson and Rural Elder Law Program or the Nevada Rural Counties Retired Senior Volunteer Program.

Dated this \_\_\_\_ day of \_\_\_\_\_, 2021

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

## APPENDIX A

### AGING AND DISABILITY SERVICES DIVISION

#### SELF-DECLARATION REGARDING CRIMINAL CONVICTION (For Subrecipient Staff and Volunteers)

The undersigned employee or volunteer declares that he or she has **never** been convicted of **any** of the following offenses:

Without a time limitation:

- Murder, voluntary manslaughter or mayhem, or kidnapping.
- Sexual assault, sexual seduction, incest, lewdness, indecent exposure or any other sexually related crime.
- Robbery, attempt to kill, battery with intent to commit a crime or administration of a drug to aid commission.
- Dueling or challenges to fight.
- False imprisonment or involuntary servitude.
- Assault or battery.
- Abuse or neglect of children per NRS 200.508 through 200.5085.
- Abuse, neglect, exploitation or isolation of older persons or vulnerable persons.
- Harassment, stalking or hazing.
- Any offense against a minor dealing with pornography per NRS 200.700 through 200.760.
- Any offense against public decency and good morals under provision NRS 201.015 through NRS 201.560.
- Any offense against the executive power of the State in violation of NRS 197.
- Any offense against the legislative power of the State in violation of NRS 198.
- Any offense against public justice in violation of NRS 199.

Within the immediate, preceding 7 years:

- Criminal neglect of patients per the Nevada Revised Statutes (NRS) 200.495: Any offense involving arson, fraud, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property.
- Any other felony involving the use of a firearm or other deadly weapon.
- A violation of NRS 484.377 involving reckless driving.

Within the preceding year:

- A violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in chapter 454 of NRS.

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Print Name

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Signature

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Date