



RSVP Application

***Please complete all fields**

Name: _____ Single: _____ Married: _____

Address (Physical): _____ (Mailing): _____

City: _____ State: NV Zip Code: _____

Phone #: _____ Birth date: _____

Cell #: _____

Work Phone #: _____ Sex: Male Female (Please circle one)

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.

*Driver's 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, Good neighbors, Drivers, Volunteer stations, or Lifeline installers; **otherwise, it is not required.**

***RSVP requires a background check (at our expense) for Home Companions, Homemakers, Good Neighbors, Drivers, Lifeline installers, Respite, and/or RSVP Office before placement on first assignment.**

When are you available? AM _____ PM _____ (Circle one or more) M T W T F SAT SUN

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

____ *Driver: Transport to medical, dental & eye appts., food/medication delivery, take grocery shopping & banking

____ *Home Companion/Good Neighbor: Provides telephone companion calls, may provide home visits, may take client shopping or do shopping/errands for them, pick up prescriptions, read/write; things that a good neighbor would do. *Home companions/Good neighbors do not provide personal care, health care and/or cleaning services, etc.*

____ *Telephone Reassurance: Telephone calls to RSVP clients to engage in conversation and ensure their physical and mental health

____ *Homemaker: Provide light housekeeping for the elderly

____ *RESPITE Care: Gives regular breaks to exhausted and stressed caregivers. Volunteer Respite Workers provide breaks of 2 to 4 hours or more per week. (Volunteers **do not** provide personal care, health care and/or cleaning services, or transport their clients.)

___ ***Lifeline Installer:** (Medical Alert System) Installation training will be provided.

___ ***RSVP Office- General Clerical:** (Open/sort mail, stuff envelopes, answer phones, data entry, etc.)

___ ***Volunteer Station:** Serve in a variety of community service organizations such as schools, libraries, day-care centers, hospitals, nursing homes, senior centers, etc. RSVP matches the talents of individuals with the needs of our community. (Federal, State, local government and other non-profit service organizations)

___ **Computer:** (word processing, data entry)

___ **Hospital, Clinic, Convalescent Center**

___ **Commodities:** (USDA Food Distribution)

___ **Nutrition Programs**

___ **City, County, State Agencies and Departments**

___ **Work with children/youth:** schools, museums, clubs

___ **Other** _____

___ **Library Services**

___ **Gift and /or Thrift Shop**

___ **Sheriff or Fire Dpt.**

___ **Tour guide/docent**

___ **Arts/Cultural**

___ **Literacy or ESL Literacy**

___ **Western Nevada College**

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**

Do you speak a foreign language? (List): _____

Statistical Data (Requested by the Corporation for National & Community Service, Washington, DC.)

CHECK ONE ONLY PLEASE

White ___ Hispanic ___ Asian/Pacific Is. ___ Native American ___ African American ___ Other ___

IN CASE OF EMERGENCY

Please call: Name _____

Relationship: _____ Phone: _____

PLEASE NOTE: Volunteers **must** visit the Nevada Care Connection website at the link below to complete the Adult Protective Services Training and Quiz. A copy of the certificate of completion must be attached to this application OR emailed to info@nvrsvp.com. If you cannot complete the online training, please call our office at (775)687-4680.

<https://www.nevadacareconnection.org/provider-resources/training-programs/>

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

NAME _____ RELATIONSHIP _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

RSVP Applicant

SIGNATURE / DATE

RSVP CEO

SIGNATURE / DATE



RSVP 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 Service Coordinators.
- ✧ 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 Service Coordinators shall be addressed in accordance with the grievance procedures established by RSVP.
- ✧ Volunteers shall not make complaints public without first following the grievance 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 _____

Signature

Printed Name



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**.

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.**

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

APPENDIX A

AGING AND DISABILITY SERVICES DIVISION

SELF-DECLARATION REGARDING CRIMINAL CONVICTION (For Grantee 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.

Print Name

Signature

Date