

**Community Action of Southern Kentucky
Retired & Senior Volunteer Program (RSVP)**

921 Beauty Ave.
Bowling Green, KY 42102

Telephone: 270-782-3162 Fax: 270-842-5735 E-mail Address: mhall@casoky.org

VOLUNTEER ENROLLMENT FORM

Circle

(Mr. Mrs. Ms.) _____ **Date of Birth** _____

Address _____ **Phone No.** _____

City _____ **County** _____ **State** _____ **Zip Code** _____

Social Security No.: _____ **Date of Birth:** _____

Email Address: _____

Highest educational grade level you completed? _____

Are you a Veteran? () Yes () No

Current employment status: _____ Retired _____ Homemaker _____ Work part-time
_____ Work full time if working now, where? _____

Days/Hours Available _____

Special training, skills or interests, i.e., languages, career experience, trades, etc.

Previous Volunteer Experience? () Yes () No

Source of referral to RSVP: _____ newspaper _____ family _____ group meeting
_____ TV/radio _____ another volunteer _____ other (*Be Specific*) _____

What types of volunteer work are you interested in doing? Any particular organization or group?

I understand that travel reimbursements may be requested from the program.

Please indicate if you would need **travel** reimbursements () Yes** () No

****If you use your personal vehicle to transport yourself to your volunteer job, please provide:**

Driver's License State and Number: _____ Exp. Date: _____

Insurance Carrier _____

Policy Number _____ Expiration Date _____

Primary physician _____ Phone No. _____

Physical Limitations _____

Allergies _____

In case of emergency, notify _____

Relationship _____ Phone No. _____

Address: _____ Work Phone _____

I hereby name the following person as my beneficiary of the accidental life insurance provided by the Retired and Senior Volunteer Program:

(Mr., Mrs., Ms.) _____ Relationship: _____

Address: _____ Phone No. _____

Please help us recruit others! We'd like to send her / him some information **without** obligation. Name of a friend or family member, age 55 or over, who may be a potential RSVP Volunteer:

Name: _____ Phone _____

I hereby declare the information provided by me in this application is true, correct and complete to the best of my knowledge.

I also, agree to abide by the Kentucky State Law concerning Driver's license and car insurance requirements.

I understand that by submitting this application, I am granting Community Action of Southern Kentucky, Inc. permission to investigate any of the information included in this application. I agree to cooperate in such investigation and release from all liability or responsibility all persons, organization, companies and corporations collecting and supplying such information.

Enrollee Signature: _____ Date: _____

RSVP Interviewer: _____ Date: _____

Application Approved: _____ Date: _____



REFERENCE AUTHORIZATION FORM

I respectfully request and authorize you to furnish Community Action of Southern Kentucky with any and all information you have concerning my previous educational or employment history.

I hereby release you, your organization or others from any damages which may result from supplying the information requested.

Applicant Signature

Date

Applicant Name (PRINT)

Address

Address

In order to complete the application process, you must also complete the following forms, which are attached:

- a) Criminal Records Check
- b) List three references (no immediate family). This a requirement by our funding source for applicants who may serve with vulnerable populations of youth, seniors and the disabled.

References

<u>Name</u>	<u>Address</u>	<u>Telephone</u>

FOR OFFICE USE ONLY:

<u>Codes</u>			
_____ 01	_____ 11	_____ 20	_____ 30
_____ 02	_____ 12	_____ 21	_____ 31
	_____ 13		
	_____ 14		
	_____ 15		
	_____ 16		

Station #1 _____ Position _____ BHN _____

Station #2 _____ Position _____ BHN _____

Station #3 _____ Position _____ BHN _____

Revised 10/2007



COMMUNITY ACTION OF SOUTHERN KENTUCKY

Building Stronger Families and Communities

Cheryl H. Allen
CEO/Executive Director

ADULT EDUCATION & JOB
DEVELOPMENT

BACKGROUND INVESTIGATION CONSENT

CHILD CARE COMMUNITY
COLLABORATION FOR
CHILDREN

I, _____, hereby authorize Community Action of Southern Kentucky, Inc., and/or its agents to make an independent investigation of my background, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications to be an employee or volunteer now and, if applicable, during the tenure of my involvement as a volunteer or staff member with Community Action of Southern Kentucky, Inc.

COMMUNITY SERVICES

FAMILY PRESERVATION

FAMILY REUNIFICATION

EMERGENCY FOOD/SHELTER

I release Community Action of Southern Kentucky, Inc., and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

FOOD SERVICES FOSTER

GRANDPARENTS HEAD

START HEATING ASSISTANCE

The following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge:

RSVP SENIOR CENTERS

SUPPORTIVE HOUSING

TRANSPORTATION

Applicant/Employee Name and Signature

Date

WEATHERIZATION

Social Security Number *

Date of Birth *

*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications. Community Action of Southern Kentucky, Inc., is an Equal Opportunity Employer, and does not discriminate on the basis of Sex, Race, Religion, Age (40 and over), Handicap or National Origin.

921 Beauty Avenue
P.O. Box 90014 Bowling Green,
KY 42102-9014 Ph:
270.782.3162 Fax:
270.842.5735
ca.org

Printed Name _____

Street Address _____

City, State, Zip _____

"Equal Opportunity Employer"