

Assigned RSVP Station: _____

Date Received: _____

**AmeriCorps Seniors
Cecil/Harford RSVP Volunteer Registration Form**

Name: _____ Date of Birth: _____

Address: _____

City and State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact Name and Phone #: _____

The following information is collected for use in volunteer demographic grant reports; answering is optional.

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Non-Latino
- Prefer not to respond

Racial Group:

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Native Hawaiian or Pacific Island |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Caucasian/White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Prefer not to respond | |

Are you a U.S. Veteran? Yes No Prefer not to respond

Cecil/Harford RSVP may perform a criminal background check and sex offender screening on volunteers working with vulnerable populations; volunteer drivers undergo a driving record check. If needed, Cecil/Harford RSVP will request additional information prior to, or during, volunteer orientation.

Your signature is required on the reverse side of application.

For RSVP Staff use:

Volunteer age verified RSVP Staff initials: _____

Cecil/Harford RSVP is funded by AmeriCorps Seniors; grant regulations require volunteers to be provided with minimum levels of accident, personal liability, and when appropriate, excess automobile liability insurance at no cost to volunteers. Coverage is in effect when the registered RSVP volunteer is on volunteer assignment. **The coverage is in excess of the volunteer's primary insurance.** Volunteers who drive their vehicles to and from assignments must maintain their own personal automobile liability insurance (a valid driver's license and proof of insurance are required); the volunteer's personal vehicle liability insurance should equal or exceed the limits of the Maryland Motor Vehicle Financial Responsibility Law. If you wish to waive coverage, please check the box below.

Driver's license #: _____

State issued: _____ Expiration Date: _____

Vehicle Registration #: _____

Auto Insurance Company: _____

Policy #: _____

Beneficiary for RSVP Supplemental Accident Insurance:

Beneficiary's Name: _____

Address: _____

City, State, Zip Code: _____ Phone: _____

Relationship to Volunteer: _____

I am not interested in the supplemental insurance provided; I hereby waive coverage.

I verify that the information contained in this application is true.

Signature: _____ Date: _____

Please return completed forms to:

Department of Community Services

Attn: Cecil/Harford RSVP

200 Chesapeake Blvd. #2500

Elkton, MD 21921

0-996-8440; 410-620-9483 (fax)

Email: wpollitt@ccgov.org