



South Eastern Idaho  
Community Action Agency  
Helping People. Changing Lives.

# SEICAA RSVP Volunteer Enrollment Form

All information on this application is completely confidential

641 N. 8<sup>th</sup> Avenue  
Pocatello, ID 83201  
(208) 232-1114 Ext 139

[rsvp@seicaa.org](mailto:rsvp@seicaa.org)  
[www.seicaa.org](http://www.seicaa.org)



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

## ENROLLEE INFORMATION

Name: \_\_\_\_\_  
(First) (Middle Initial) (Last)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

US Military Veteran Date of Birth: \_\_\_\_\_

Disabled Sex: M F

### Ethnicity (Optional)

Caucasian Native American/Alaskan African American Hispanic  
Asian Hawaiian/Pacific Islander Other

Is your monthly income below \$1301.04 for a household of 1 OR \$1,761.46 for a household of 2? Yes No

How did you hear about us? Newspaper Presentation Another Volunteer Health Fair

Other (Please Specify): \_\_\_\_\_

Have you ever been convicted of a criminal offence (with exception of a minor traffic violation)? Yes No

Explain: \_\_\_\_\_

## EMPLOYMENT HISTORY

Are you currently volunteering? Yes No

If yes, please list where you are volunteering and describe the types of jobs:

1) \_\_\_\_\_ Job: \_\_\_\_\_

2) \_\_\_\_\_ Job: \_\_\_\_\_

Please list skills and/or hobbies: \_\_\_\_\_

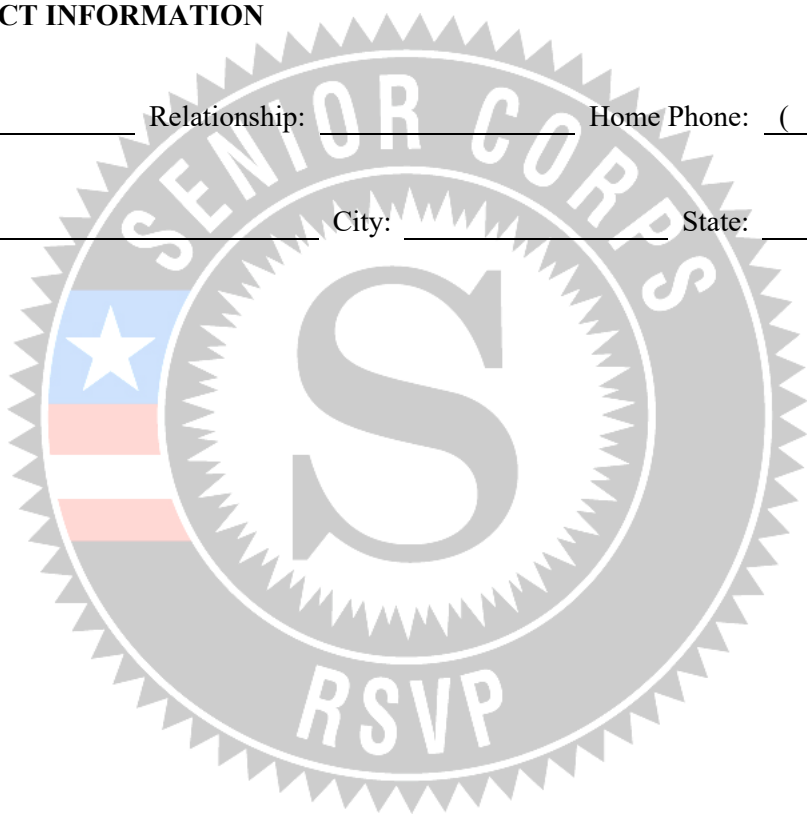
What is/was your occupation? \_\_\_\_\_

Current Employment Status:            Retired            Homemaker            Full Time            Part Time

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



**Please read the application information to make sure that it is recorded correctly and then read and sign the statement below. Please mail the application back to the address on front of the application to complete your enrollment in the SEICAA RSVP Program. Thank you!**

I hereby declare the information provided in this application is true, correct, and complete to the best of my knowledge. I volunteer my services through the SEICAA RSVP (Retired Senior Volunteer Program) Program and agree to furnish information regarding my volunteer activities and hours.

If necessary, I authorize SEICAA RSVP to conduct a criminal background check and/or driving record check. I understand that if I use my personal automobile as transportation to and from my volunteer station, I will arrange to keep in effect automobile liability insurance equal to the minimum, as required by the State of Idaho.

I understand that I may receive information that may be confidential in nature (i.e. client names and addresses) and that I will not share any information I receive or am made privy to with individuals outside my immediate volunteer manager/coordinator unless directed to do so my said person.

I understand that I am not an employee of SEICAA RSVP, or the workstation(s) where I will fulfill my volunteer assignment(s) and will not receive any compensation of any form. As a volunteer there is no entitlement to workers' compensation, unemployment, health, disability, retirement, insurance, vacation, sick leave, or any other SEICAA benefits. As a volunteer, I have no authority to bind SEICAA or my workstation(s) or enter into any contracts or agreements on behalf of SEICAA or my workstation(s). As a volunteer, I agree to save, indemnify, and hold SEICAA harmless to the extent permitted by law, from and against any and all claims, demands, suits, and actions of anyone not a party to this Agreement, including, without limitation, myself for loss, injury, damage, or liability of any kind whatsoever arising directly or indirectly out of my performance.

I hereby grant SEICAA RSVP permission to use my likeness in photographs(s) and/or video(s), in any and all of its' publications or on the world wide web, whether now known or hereafter existing, controlled by SEICAA RSVP in perpetuity. I will make no monetary or other claim against SEICAA RSVP for the use of these photograph(s) and/or video(s).

Or: I do not give my permission for SEICAA RSVP to use my likeness in photograph(s) and/or video(s).

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RSVP Representative: \_\_\_\_\_ Date: \_\_\_\_\_

In the event of my death, my designated beneficiary may have responsibilities to seek the payment of benefits under the RSVP terms.

**I therefore designate as my beneficiary**

Beneficiary Name: \_\_\_\_\_ Beneficiary Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SEICAA RSVP has a wide variety of volunteer opportunities throughout southeast Idaho that we offer to individuals 55 years of age and older. The Agency cannot guarantee that a position is currently available in all categories or all counties covered by SEICAA RSVP but every effort will be made to match your interests with organizations seeking volunteers. If you have a particular interest not listed please feel free to discuss with SEICAA RSVP staff and all efforts will be made to locate an opportunity for you.**

**Please check areas of interest:**

I would like to volunteer in or for:

City Offices

Public/Charter Schools

Homeless Center

Senior Centers

Social Service Organization

United Way

Libraries

Youth Facility

Outdoors/Environment

Other:

I would like to volunteer as:

Adult Protection

Receptionist

Board Advisory Member

Recreation Aide

Companionship/Respite Care

Red Cross

English Second Language (ESL)

RSVP Assistant

Entertainer/Singer

Secretary

Food/Clothing Bank

Senior Nutrition Program

Fit & Fall Educator

Special Events

Friendly Visitor

Story Teller

Fundraising

Teacher's Aide

GED Tutor

Thrift Store

Hospice

Telephone Reassurance

Library Assistant

Volunteer Manager/Recruiter

Meals on Wheels/Home Delivered Meals

Chronic Disease Prevention

Mentor

Veterans Outings



Reading Tutor

I would like to work with:

Adults (ages 21-59)

Young Children (ages 2-12)

Adults (ages 60+)

Youth (ages 13-20)

No Preference

Other:

Would you be interested in being contacted for SEICAA RSVP one-time special assignments?

Yes

No

