



# AmeriCorps Seniors

**FOR OFFICE USE ONLY!**

Station(s) \_\_\_\_\_

Assignment(s) \_\_\_\_\_

Date Assigned: \_\_\_/\_\_\_/\_\_\_

Computer Entry: \_\_\_/\_\_\_/\_\_\_

Verified/Copied ID: \_\_\_\_\_

By: \_\_\_\_\_

## LAFAYETTE COUNTY RSVP ENROLLMENT FORM

Please print and complete all sections. Forms with original signatures are required for enrollment.

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Physical/Medical Limitations: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

(RSVP Staff: Verified government issued ID? Yes \_\_\_ No \_\_\_)

RSVP provides a mileage reimbursement for travel between home and volunteer site to the volunteers.  
Will you be claiming a mileage reimbursement for travel to and from your volunteer location? Yes \_\_\_ No \_\_\_

If Yes, is a copy of your proof of auto insurance showing active coverage attached? Yes \_\_\_ No \_\_\_ As a volunteer of RSVP, you will be covered by accident and personal liability insurance plus a small death benefit while performing volunteer duties. This coverage is automatic and free of cost to you as long as you are an active, enrolled member of RSVP. Please provide the following information.

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Beneficiary for RSVP Supplemental Accident Insurance:

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Employment Experience: \_\_\_\_\_

Special Skills/Interests/Languages: \_\_\_\_\_

Volunteer Experience (Current, Past, Preferred): \_\_\_\_\_

**Please indicate if RSVP may have permission to use your likeness?**

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

[ ] I do not give permission to use my likeness in photograph(s)/video(s) to Lafayette County RSVP.

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**Certifications**

**By signing below, I acknowledge that I have read and understand the following**

- I hereby state that I am 55 years of age or older and offer my services as a volunteer for the Lafayette County Retired & Senior Volunteer Program. I understand that I am not an employee of the RSVP Project, the sponsor, Oxford Park Commission, the volunteer station or the Federal Government and agree to serve without compensation.
- I understand that in my capacity as an RSVP volunteer I may come into contact with confidential information. I agree to protect this information to the best of my ability and not to disclose it during or after my service as a volunteer has ended.
- I understand that if I use my personal automobile in my volunteer service, I will arrange to keep in effect automobile liability insurance equal or greater to the minimum requirements of the state of Mississippi. I will also keep in effect a valid Mississippi Driver's license.

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**RSVP Volunteer Signature**

**Date**

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**RSVP Staff Signature**

**Date**

**Equal Employment Agency** - Lafayette County RSVP is an equal opportunity Agency. Enrollment is done without regard to race, color, religion, national origin, sex, age or disability. RSVP provides reasonable accommodations to the known disabilities of individuals in compliance with the Americans with Disabilities Act. For accommodation information or if you need special accommodations to complete the application process, please contact Lafayette County RSVP at (662) 232-2377.

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Return completed registration to: Lafayette County RSVP  
**(Original Signatures Required on the Form)** 107 Courthouse  
 Square  
 Oxford, MS 38655

For Questions contact:  
 Jamie Briscoe (662) 232-2377  
 Marlee Carpenter (662) 232-2773  
 rsvp@oxfordms.net

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The following information is optional and will not affect your enrollment with Lafayette RSVP

1. Occasionally Lafayette County RSVP will purchase volunteer recognition gifts for RSVP members. Please share the size you would use on each item blow.

Item	Size	Item	Size	Item	Size
Jacket		Vest		T-shirt	
Sweatshirt					

2. RSVP is often asked to provide demographical information pertaining to volunteer members. Please provide the following information (Optional).

Are you a Veteran? \_\_\_\_\_

Are you an active Military Member? \_\_\_\_\_

Are any of your family members actively serving in the military? \_\_\_\_\_

(Optional) Gender:

\_\_\_\_\_ Male

\_\_\_\_\_ Female

(Optional) Race/Ethnic Background:

\_\_\_ White \_\_\_ Asian \_\_\_ African-American \_\_\_ Hispanic/Latino

Would you like to be on our Special On-Call list: \_\_\_\_\_ Yes \_\_\_\_\_ No

Thank you for any information you have provided. Your information is **never** sold, shared, or used outside of RSVP, Oxford Park Commission or AmeriCorps.



**AmeriCorps**  
**Seniors**



**OXFORD**

**PARK COMMISSION**

**RSVP**

**Consent/Release Form**

Applicant's Name (printed): \_\_\_\_\_

I, \_\_\_\_\_, authorize and give consent for the above-named organization to obtain information regarding myself. This includes the following:

- The United States Department of Justice Dru Sjodin National Sex Offender Check

I, the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my volunteer application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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