



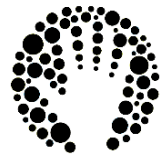
**AmeriCorps**  
Seniors

## AmeriCorps Seniors RSVP Application

**HandsOn Central California**

**1625 E. Shaw Ave. #160, Fresno, CA 93710**

**Phone: (559) 237-3101 Fax: (559) 237-6860**



**HandsOn**  
CENTRAL CALIFORNIA  
THE VOLUNTEER PEOPLE

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

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

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Veteran: Yes \_\_\_ No \_\_\_ Male \_\_\_ Female \_\_\_ Bilingual: Yes \_\_\_ No \_\_\_

Ethnicity: African American \_\_\_ Asian \_\_\_ Hispanic/Latino \_\_\_ Caucasian \_\_\_ Other: \_\_\_\_\_

As an **RSVP** volunteer, you are insured for **supplemental volunteer accident and personal liability** while volunteering at a volunteer site. This is strictly secondary insurance at NO COST to you. Since there is a small accidental death benefit involved, you are asked to name a beneficiary. **Excess auto insurance** is provided to RSVP Volunteers who drive as part of their volunteer service and claim mileage. If you will be claiming mileage you must provide proof of auto insurance showing active coverage and current driver's license.

Will you be claiming mileage? Yes \_\_\_ No \_\_\_ If yes, is proof of insurance attached? Yes \_\_\_ No \_\_\_

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

### Beneficiary Information for AmeriCorps Seniors RSVP Supplemental Insurance:

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

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

**Provide the name and phone number of someone you would like us to contact in case of an emergency.**

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

I understand, (**excluding the supplemental volunteer accident, personal liability, and excess auto insurance**), that my activities as a volunteer for HandsOn Central California (HOCC) are undertaken at my sole risk, and HOCC will not be liable for any claims for injuries or damages whatsoever to my person or property arising out of or connected with my actions as a RSVP volunteer. I agree to indemnify and to hold harmless HOCC for all claims and/or liability for me or to me. I also agree that this waiver and release shall apply to my heir(s), executor(s), and administrator(s).

I understand that by signing this waiver, I give permission to use my image in educational and/or public relations materials.

I volunteer my services through the HandsOn Central California AmeriCorps Seniors RSVP Program, and I understand that I will be placed in a volunteer position, **not a paying job**. *My volunteering is at my discretion and does not interfere with job search or employment.*

**I have carefully read this Waiver/Release, I understand its contents, and I intend to be bound by its terms.**

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

Office Use Only: Date Received: \_\_\_\_\_ Placement Site: \_\_\_\_\_ Input by: \_\_\_\_\_