

Retired and Senior Volunteer Program (RSVP) Registration Form (Minimum Age 55)

Date: _____

Name: _____ Phone #: _____

Address: _____

Date of Birth: _____ Email: _____ City/State _____ Zip Code _____

Driver's License Number: _____ Expiration Date: _____

In case of emergency, contact:

Name: _____ Phone #: _____ Relationship: _____

Do you have restrictions to movement? Yes ___ No ___

If yes, please explain: _____

Are you Active duty US Armed Forces? Yes ___ No ___

Branch of Service: _____

Are you a Veteran of the US Armed Forces? Yes ___ No ___

Branch of Service: _____

Are you a Military family member? Yes ___ No ___

(Optional) Race / Ethnicity: Choose not to disclose _____

White ___ African-American ___ Native-American ___ Asian ___ Hispanic ___ Other ___

Method of transportation to volunteer site:

Walk ___ Personal Vehicle ___ Friend/Family ___ City Bus ___ Sun Van ___ Other ___

Availability for volunteering Days/Hours Available:

Mon ___ Tues ___ Wed ___ Thu ___ Fri ___ Mornings ___ Afternoons ___

Have you served in RSVP elsewhere? Yes ___ No ___

If yes where _____

Are you currently volunteering? Yes ___ No ___

If yes where _____

Education and Training: _____

Occupation (past or present): _____

How did you hear about RSVP? Senior Center ___ Friend/Family ___ Newspaper ___

Radio/TV ___ Website/Social Media ___

Please indicate by initial if RSVP/CABQ may have permission to use your likeness?

_____ I hereby grant COA, 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 COA, RSVP in perpetuity. I will make no monetary or other claim against COA, 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 COA,RSVP

Supplemental Auto Liability Insurance Required for Travel Reimbursement

RSVP provides a travel reimbursement for travel between home and volunteer site.

Social Security number is required to create a COA vender ID to issue payment.

I will not be eligible travel reimbursement if I DO NOT sign up for Supplemental Excess Auto Liability Insurance.

Are you interested in Travel Reimbursement? Yes ___ No ___

(Up to \$25.00 a month with required documentation)

If Yes, is a copy of your auto insurance coverage attached? Yes ___ No ___

Beneficiary for RSVP Supplemental Accident Insurance:

Name: _____ Phone #: _____ Relationship: _____

Address: _____

Supplemental Excess Auto Liability Insurance
Required for Travel Reimbursement

Applicant Social Security number is required to create a City of Albuquerque vender ID to issue payment.

In order to be eligible for supplemental Excess Auto Liability Insurance, I must maintain personal liability insurance on my own vehicle and provide a current copy of my insurance policy for my RSVP file to the RSVP office located in the Highland Senior Center. It is my responsibility to submit my insurance policy as it renews.

I do hereby certify that I maintain and will continue to maintain personal liability insurance on my own vehicle which I use to drive to and from my volunteer assignment as an RSVP volunteer.

I must also provide a current copy of my driver's license and it is again my responsibility to submit an updated driver's license when renewed. Reimbursement payment will be issued by The City of Albuquerque.

Applicant Social Security number is required to create a City of Albuquerque vender ID to issue payment.

Driver's License Number: _____ Expiration Date: _____

Name of Insured (**Volunteers Name**): _____

Automobile Insurance Company: _____

Policy Number: _____

Social Security Number: _____

I, _____, In order to be eligible for supplemental Excess Auto Liability Insurance must maintain personal liability insurance on my own vehicle and provide a current copy of my insurance policy for my RSVP file. It is my responsibility to submit my insurance policy as it renews.

RSVP Volunteer Signature Date RSVP Staff Signature Date

Supplemental Insurance Waiver and Release
If You Are Not Interested in Excess Auto Liability Insurance

I hereby waive my option to receive supplemental Insurance and choose not to submit required documentation. The undersigned agrees to defend, indemnify and hold harmless the City and its officials, agents and employees from and against any and all claims, actions, suits or proceedings of any kind brought against said parties because of any injury or damage received or sustained by any person, persons or property arising out of or resulting from the services performed by the undersigned to Agreement or by reason of any asserted act or omission, neglect or misconduct of the undersigned. The indemnity required hereunder shall not be limited by reason of the specification of any particular insurance coverage in this Agreement. I understand that I will not be eligible travel reimbursement if I do not sign up for Supplemental Excess Auto Liability Insurance.

RSVP Volunteer Signature Date RSVP Staff Signature Date



INSTRUCTIONS

Type of Request:

This form will start, change, or stop electronic payments for all payments received by you from the City of Albuquerque. Please indicate the type of request this form will be. Form will be void if boxes are left blank. If the form indicates an entity name change or a Tax ID change (TIN), a new W-9 form must be completed and submitted to the City of Albuquerque. Allow 10 days for processing.

Supplier/Vendor Information:

Please be sure the Supplier ID entered matches the number on file with the City of Albuquerque. You can check with the Purchasing Division if you do not know your supplier ID. Please have current contract number available to verify Supplier ID. Ensure the entity name on this form matches the name on the W-9 form on file with the Accounting and Purchasing Divisions. Your electronic payment will not start if the names do not match. Please provide two contacts and their information.

Financial Institution Information:

Enter all information related to your financial institution. Do not leave any information blank. Blank information will void the form and electronic payment additions or changes will not be made. In addition to the information provide on the form, this form must be accompanied with a letter from your banking institution providing the ABA and Account numbers. Letter must be on banking letterhead and signed by Banking Officer. Banking Officer's name and contact information must be printed on the letter.

Signature Line:

This form must be signed and dated by an authorized signor on your financial institution's account. Please provide name, title, email, and phone number of the authorized signor of this form.

Special Note:

Please ensure your electronic payment has stopped before closing your account. Otherwise, the funds will be returned to the City and cause a delay before you receive your payment.

Signature Line:

This form must be signed and dated by an authorized signor on your financial institution's account. Please provide name, title, email, and phone number of the authorized signor of this form.

Special Note:

Please ensure your electronic payment has stopped before closing your account. Otherwise, the funds will be returned to the City and cause a delay before you receive your payment.

AGREEMENT

I hereby authorize and request the City of Albuquerque to initiate credit entries and, if necessary, initiate debit entries in accordance with NACHA rules reversing a credit entry made in error to my account at the financial institution named. The electronic payment data remains in effect until withdrawn by:

- Written notification to the City;
- Death, legal incapacity, or corporate dissolution;
- The financial institution or
- The City of Albuquerque

The City of Albuquerque will not be responsible for any loss that may arise by reason of error, mistake, or fraud on information provided on this Supplier Authorization Payment Form.



SUPPLIER AUTHORIZATION PAYMENT (ACH) FORM

PLEASE READ AND CAREFULLY FOLLOW THE INSTRUCTIONS ACCOMPANYING THIS FORM

Type of Request:

- New ACH Set Up
- Change Current ACH Account
- Cancel ACH Enrollment
- Entity Name or Tax ID Change (Changes require submission of updated W-9 Form)

Supplier/Vendor Information:

City of Albuquerque Supplier ID:	Entity Legal Name:	Federal Tax ID Number or Social Security Number:
Address (Number and Street):	City:	State, Zip Code:
Contact #1 Name & Title:	Contact #1 Email Address:	Contact #1 Phone Number:
Contact #2 Name & Title:	Contact #2 Email Address:	Contact #2 Phone Number:

Financial Institution Information:

Financial Institution's Name:	Financial Institution's Phone Number:	Financial Institution's Contact Name:
Financial Institution Address (Number & Street):	Financial Institution's City:	Financial Institution's State, Zip Code:
Financial Institution's Routing/ABA Number:	Financial Institution's Account Number:	Indicate Account Type - Checking or Savings:

Signature Line:

Authorized/Delegated Official Name & Title (Print):	Authorized/Delegated Official Email:	Authorized/Delegated Official Phone Number:
Authorized/Delegated Official Signature:	Date:	

THIS FORM MUST BE SIGNED AND DATED BY AN AUTHORIZED SIGNOR ON ENTITY'S BANK ACCOUNT
Signature above signifies acceptance of the terms and conditions in the agreement on the next page.

A letter from your banking institution on bank letterhead must accompany this form. Send completed form and required additional information to the email address or physical address below:

Contact: Accounting Division
Email: SAPRequest@cabq.gov
Mail: PO Box 1293
Albuquerque, NM 87103
Phone: (505) 768-3507

For City of Albuquerque Accounting Use Only		
Verified By:		
User ID:	I	
Initials:		
Date Verified:		

All other City ACH forms are invalid and will not be accepted

RSVP Volunteer Interests

Placements that require Social Security Number MUST pass a National Sex Offender Check & Background Check

Please indicate areas of interests to help RSVP better match you to your volunteer placement/s:

Senior Centers- SS# Required

Ambassador/ Information & Assistance _____
Kitchen Help _____
Senior Sports & Fitness _____
Community Instructor _____
Front Desk Assistant _____
Home Services _____
Instructor _____
Community Centers _____
Computer Entry _____

Transportation-SS# Required

Senior Center Van Driver _____
Miscellaneous Driver _____
Meal Delivery Driver _____
Client Transportation _____

COA Affiliates- SS# Required

Airport _____
Bio Park/Zoo _____
Museum(s) _____
Animal Shelter _____

Multigenerational Centers-SS# Required

Community Instructor _____
Community Center Assistant _____

Human Services-SS# Required

Hospitals _____
Nursing Homes _____
Hospice Care _____
Behavioral Health _____

Children Initiatives -SS# Required

Misc. Opportunities _____

Clerical

Computer Entry _____
Mailings/Publications _____
Reception Desk _____

Food Distribution

Food Pantry _____

TV/Radio

Misc. Opportunities _____

Veterans/Military

Misc. Opportunities _____

Special Projects

Misc. Opportunities _____

Other

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

- I hereby state that I am 55 years of age or older and offer my services as a volunteer for the City of Albuquerque, Retired Senior Volunteer Program. I understand that I am not an employee of the RSVP Project, the sponsor, City of Albuquerque, the volunteer station or the Federal Government and agree to serve without compensation.

Confidential information

- 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. _____ **Volunteer Initial**
- 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 New Mexico I will also keep in effect a valid New Mexico Driver's license.

RSVP Volunteer Signature

Date

RSVP Staff Signature

Date

Equal Employment Agency – COA, 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 COA, RSVP at 505- 767-5225



City of Albuquerque
HUMAN RESOURCES



Background Investigation Waiver and Release Form

APPLICATION FOR SERVICE IN VOLUNTEER PROGRAMS

In connection with my application for consideration to be accepted as a volunteer with the City of Albuquerque, a governmental entity, I understand that investigative reports may be requested concerning me. This requested information may include my performance and experience in employment, along with reasons for termination of past employment from previous employers; my motor vehicle history and criminal history from various states, private insurance sources along with other public records where available;

I voluntarily and knowingly authorize any present or past employer or supervisor, institution of learning; administrator, law enforcement agency, local or state agency, Federal agency; private business; military branch or the National Personnel Records Center to give records of information they may have concerning information requested as part of my background investigation. I voluntarily and knowingly unconditionally release any named or unnamed entity or agency ("Agency") from all liability resulting from the furnishing of this information. A photocopy of this "Background Investigation Waiver and Release Authorization" shall be considered by the recipient to be a signed original, as long as it is transmitted to the recipient by the City of Albuquerque and is received within on year of the signature date.

I understand that a thorough and complete background investigation will be conducted to determine my fitness and desirability as a candidate for acceptance as a volunteer with the City of Albuquerque.

The information on this Authorization that I provide includes an accurate list of every date where I lived and all former names and aliases.

I hereby release from liability and agree to hold harmless; under any and all possible cause of legal action, including negligence, the City of Albuquerque, the Agencies and any of their officers, agents or employees for any neglect or wrongful statements, acts, omissions made or recorded in the course of my background investigation. Power to refuse, renew or revoke placement as a volunteer:

The City has jurisdiction over the acceptance and placement of volunteers within the City of Albuquerque and may refuse to grant or renew or may revoke placement to engage in volunteer service within the City of Albuquerque governmental organization.

Any volunteer may be rejected for any reason, and no reason for the rejection need be given to a volunteer.

All information shall be kept safeguarded to prevent non-allowed disclosure, release, loss or misuse and to ensure that only authorized persons have access to such confidential information, except as provided by law.

Signature

Date

APPLICANT INFORMATION - Please complete ALL blanks

Last Name First Name Full Middle Name Social Security Number

Maiden Name Other Names, Nicknames or Aliases used Date of Birth (Month/Day/Year)

Present Address Number/Street/Quadrant City State Zip Code How Long

Previous Address (Within last 7 years) Number/Street/Quadrant City State Zip Code How Long

Driver's License Number State Issued Expiration Date Operator Type

City of Albuquerque Information: Department: Requested by:

YOU'RE A VERY SPECIAL PERSON

THANKS FOR VOLUNTEERING

WE APPRECIATE YOU MORE THAN WORDS CAN SAY

AmeriCorps Seniors volunteers make a difference in their communities. For decades, volunteers age 55+ have been serving their communities through AmeriCorps Seniors programs, led by AmeriCorps, the federal agency for service, volunteering, and civic engagement. Each year, AmeriCorps Seniors engages more than 200,000 older adults in volunteer service through its Foster Grandparent, Senior Companion, and RSVP programs, enriching the lives of the volunteers and benefiting their communities.



Senior Corps connects more than 200,000 Americans to service opportunities in their communities. Senior Corps volunteers use their acquired skills, knowledge, and experience to make a difference to individuals, non-profits, and faith-based and other community organizations throughout the United States

The Retired and Senior Volunteer Program (RSVP) is all about finding volunteers who are willing to use their lifetime skills to contribute and make our communities better. Our goal is to recruit and facilitate the placement of volunteers in public, government and non-profit organizations. We aim to be the vital link that connects your lifetime of talents and experiences to the needs of our communities. RSVP volunteers can choose from a multiple list of opportunities that fall under registered Volunteer Stations.

As a volunteer of RSVP, you will be covered by accident, personal liability, and excess automobile insurance 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.

*Thank you for sharing
your gifts & talents,*

Angel Gomez



**AmeriCorps
Seniors**

Angel Gomez, RSVP Supervisor
Department of Senior Affairs

Office: Highland Senior Center 131 Monroe NE, 87108
Mailing: 714 Seventh St SW 87102

Office: 505-767-5225 Email: acgomez@cabq.gov