

RSVP Registration Form



Date: _____

Name: _____ Phone#: _____

Address: _____

Date of Birth: _____ Email: _____

Driver's License Number: _____ Expiration Date: _____

Emergency Contact Name: _____

Phone #: _____ Relationship: _____

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___

Branch of Service: _____

Race / Ethnicity: Choose not to disclose___ White___ Asian___

Hispanic___ African-American___ Native-American___ Other___

Have you served in RSVP elsewhere? Yes___ No___ If yes, where? _____

Are you currently volunteering? Yes___ No___ If yes, where? _____

Where you referred to RSVP? Yes___ No___ If yes, where? _____



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 one 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
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Maiden Name	Other Names, Nicknames or Aliases used	Date of Birth (Month/Day/Year)
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Present Address	Number/Street/Quadrant	City	State	Zip Code	How Long
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Previous Address (Within last 7 years)	Number/Street/Quadrant	City	State	Zip Code	How Long
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Driver’s License Number	State Issued	Expiration Date	Operator Type
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City of Albuquerque Information: Department: _____ **Requested by:** _____

The Department of Senior Affairs, Retired and Senior Volunteer Program

RSVP Volunteer Interests

Senior Centers

Information and Assistants _____

Front Desk _____

Kitchen Help _____

Community Instructor _____

Sports & Fitness _____

Computer Entry _____

Other _____

City of Albuquerque Affiliates

Airport _____

Bio/Park Zoo _____

Museum _____

Animal Shelter _____

Food Distribution

Food Pantry _____

TV/Radio

Misc. Opportunities _____

Veterans/ Military

Misc. Opportunities _____

Transportation

Senior Center Driver _____

Meal Delivery _____

Client Transportation _____

Human Services

Hospital _____

Hospice Care _____

Nursing Home _____

Behavioral Health _____

Clerical (varies agencies)

Data Entry _____

Mailings/ Publications _____

Reception Desk _____

Seasonal Special Projects

Misc. Opportunities _____

Children Initiatives

Misc. Opportunities _____

I acknowledge that I have read and understand the following statements

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 Department of Senior Affairs, City of Albuquerque, the volunteer station or the Federal Government and agree to serve without compensation.

In order to be in compliance as an RSVP volunteer, I have attached a copy of my Government ID with this registration form.

Signature

Date

The Department of Senior Affairs, Retired and Senior Volunteer Program

Travel Reimbursement Optional

As an RSVP volunteer, you have the option to receive up to \$25 a month for your travel to and from your volunteer assignment. A copy of your valid New Mexico Driver's license, and a copy of your personal Vehicle Insurance is required to receive this incentive.

Name of Insured (Volunteers Name): _____

Driver's License Number: _____ Expiration Date: _____

Automobile Insurance Company: _____

Policy Number: _____

Volunteers Social Security number is required in order to issue a payment by the
City of Albuquerque.

Social Security Number: _____

Beneficiary information for Supplemental Accident Insurance

Beneficiary Name: _____

Phone #: _____ Relationship: _____

I acknowledge that I have read and understand the following statements

I understand in order to be eligible for travel reimbursement, I must provide a copy of my valid New Mexico Driver's license, and a copy of my personal Vehicle Insurance. I will maintain a valid Driver's License and keep a copy of my personal up to date Vehicle Insurance with me while driving to and from my volunteer assignment.

In order to be in compliance as an RSVP volunteer, I have attached a copy of my personal vehicle Insurance with this registration form.

Signature

Date