

RSVP+ Central ND
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VOLUNTEER ENROLLMENT FORM

Name _____ Birth Date _____

Street Address _____ City _____

State _____ Zip _____ County _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email _____

I would like the quarterly newsletter sent to me electronically Yes No

Referred By: RSVP+ Volunteer _____ RSVP Staff Internet
 Community Agency _____ Media/Marketing Materials
 Other _____

Personal Emergency Contact

Name _____ Relationship _____

Street Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____

Demographic Information

Male Female Do you speak a second language? Yes No _____

Previous/Current Employment or School: Where: _____

Any Limitations: Yes No Comments: _____

Racial Group: African-American Caucasian/White Native American/Alaskan Native
 Asian Native Hawaiian/Pacific Islander Other _____

Ethnicity: Hispanic Non-Hispanic/Non-Latino

Volunteer Information

Current Volunteer Assignments _____

Previous Volunteer Assignments _____

Days/Hours Available To Volunteer _____

Preferred Volunteer Environment Individually With a Friend Leadership Role
 Large Group Small Group Other _____



Areas I am Interested In Volunteering

- | | | |
|--|--|---|
| <input type="checkbox"/> Mentoring Children | <input type="checkbox"/> Kids On the Block Puppet Program | |
| <input type="checkbox"/> Food (Soup Kitchen, Senior Meals) | <input type="checkbox"/> Hospitals (waiting room greeter, flowers, etc) | |
| <input type="checkbox"/> Working with Children | <input type="checkbox"/> Delivering Meals | <input type="checkbox"/> Make Phone Calls |
| <input type="checkbox"/> Tutoring students | <input type="checkbox"/> Sewing/Crafts | <input type="checkbox"/> Reception Duties |
| <input type="checkbox"/> Design Brochures/Posters | <input type="checkbox"/> Care Center Activities | <input type="checkbox"/> Thrift Stores |
| <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Help with Tax Returns | <input type="checkbox"/> Serve during disasters |
| <input type="checkbox"/> Friendly Visiting | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Event Coordination |
| <input type="checkbox"/> Presenting/ Speaking | <input type="checkbox"/> One Time Events | <input type="checkbox"/> Animal Care |
| <input type="checkbox"/> Mailings | <input type="checkbox"/> Tour Guide/ Usher | <input type="checkbox"/> Entertainment _____ |
| <input type="checkbox"/> Museum | <input type="checkbox"/> Community Events | <input type="checkbox"/> Other _____ |

Preferences about volunteer locations: _____

Supplemental Insurance Coverage

RSVP+ North Dakota provides free volunteer excess accident and automobile liability insurance coverage while you are volunteering. This policy is **secondary** to your primary insurance (Medicare, BCBS, etc.). This policy also includes death benefits, which can **only** be claimed if death is a result of a volunteer assignment. Volunteers can access further coverage details at www.cimaworld.com

I have been provided information on the Volunteer Insurance Service (CIMA) coverage. ____ (Initial)

Transportation

Do you drive a car? Yes No

I understand that if I use my personal automobile to and from my volunteer work station, I will arrange to keep my driver's license valid and carry automobile liability insurance equal to or greater than the minimum required by the state in which I live. _____ (Initial)

RSVP+ North Dakota has funding to cover those **55 years of age or older** to ride Bis-Man Transit to and from volunteer opportunities. Your RSVP+ North Dakota name badge will be your ticket to ride Transit. Please call and register with the Transit office and then call them one day prior to volunteering and schedule a ride.

I am at least 55 years old and will need to utilize transportation through Transit Yes No

Promotional Materials

I give permission for RSVP+ North Dakota to use any pictures taken of me during volunteer work for the purpose of promoting the program or to be placed in the Recognition Program/Slide show? Yes No

Acknowledgement of Enrollment

Signature of Volunteer

Date

For Those Under 18: Signature of Parent/ Guardian

Date

Signature of RSVP+ North Dakota Staff

Date

FOR RSVP OFFICE USE ONLY: Station(s) assigned _____

Entered in Computer on ____/____/____ Sent Name Badge on ____/____/____