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## VOLUNTEER ENROLLMENT FORM

\_\_\_ Short-Term Volunteer :

\_\_\_ Needing hours for school, fraternity, sorority etc.

\_\_\_ Needing Community Service hours (probation, violation etc.)

\_\_\_ Long-Term Volunteer

### VOLUNTEER INFORMATION

Name: \_\_\_\_\_ ☐ Female ☐ Male  
Last First Middle Initial

Address: \_\_\_\_\_  
City State Zip

Phone Number: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age verified: \_\_\_\_\_ (For staff use only)

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

Relationship (spouse, child, etc.): \_\_\_\_\_ Phone # \_\_\_\_\_

### STATISTICAL/DEMOGRAPHIC INFORMATION

Which ethnic group do you identify with? (Optional)

☐ Caucasian ☐ African-American ☐ Pacific Islander ☐ Hispanic ☐ Asian ☐ Native American/Alaskan Native ☐ Other

Are you a Veteran of the Armed Forces?  
☐ Yes ☐ No

Are you a Family Member of A Veteran?  
☐ Yes ☐ No

Are you Currently in the Armed Forces?  
☐ Yes ☐ No

Have you ever been convicted of a crime other than a minor traffic citation? YES NO

If yes, provide the date and disposition. A conviction will automatically bar you from becoming a volunteer.

### MEDIA RELEASE AND PROMOTIONAL MATERIALS

I give permission for Flint Hills Volunteer Center to publish the photographs taken of me and my name for use in FHVC's printed publication and website. I acknowledge that since my participation in publications and websites produced by FHVC is voluntary, I will receive no financial compensation. I further agree that my participation in any publication and website produced by FHVC confers upon me no rights of ownership whatsoever. I release FHVC, its contractors and its employees from liability for any claims by me or third party in connection with my participation.

☐ I Do ☐ I DO NOT authorize the use of my name and picture for this purpose

(Turn Over)

Are you volunteering at this time? YES NO If yes, where?

Are you interested in any additional assignment? YES NO

Please list education, training, certifications, etc.

Please list previous/current places of employment/positions

List medical conditions that may preclude certain assignments:

Please check skills and interests that you may be willing to invest in your community:

- |  |  |  |
|--|--|--|
| <input type="radio"/> Tutoring/Mentoring | <input type="radio"/> One-time Special Projects/Events |  |
| <input type="radio"/> Tax Preparation    | <input type="radio"/> Museums/Docents/Ushers           |  |
| <input type="radio"/> Thrift Stores      | <input type="radio"/> Cooking/Baking                   | <input type="radio"/> Kids                               |
| <input type="radio"/> Hospitals          | <input type="radio"/> Crafts                           | <input type="radio"/> Animals                            |
| <input type="radio"/> Senior Assistance  | <input type="radio"/> Handyman                         | <input type="radio"/> Mailings/<br>Stuffing/<br>Labeling |

Other Skills/Interests not listed:

### Transportation and Insurance Statement

Do you drive a car?

☐ Yes

☐ No

Flint Hills Volunteer Center, Inc. provides free volunteer excess accident and automobile liability insurance coverage while you are volunteering. This policy is **secondary** to your primary insurance. All volunteers agree to carry automobile liability insurance coverage equal to or greater than the minimum required by the state of Kansas. You can access further coverage details at [www.cima-world.com](http://www.cima-world.com). **RSVP Excess auto liability insurance requires the following:**

Drivers License #:

Expiration Date:

### Life Insurance Beneficiary Information

All **RSVP** volunteers (55 and over) receive free life insurance in the event that something were to happen during your time volunteering.

Who would you like to designate as your beneficiary?

Name: Relationship: Phone:

Address: City, State & Zip:

### Confidentiality Statement

By signing below I acknowledge that I will abide by all the confidentiality guidelines set forth in the Flint Hills Volunteer Center, Inc. Volunteer Handbook. I WILL NOT: Discuss a volunteer or client in front of that person or any other individuals, volunteers or clients; Discuss a volunteer or client in front of other volunteers, visitors or staff not directly involved with that volunteer or client.

### Acknowledgement of Enrollment

I, \_\_\_\_\_, volunteer my services through the FHVC and understand that I am not an employee of the RSVP grant, the sponsor, the volunteer station of the Federal Government, and agree to serve without compensation.

I understand that if I use my personal automobile in my volunteer service, I agree to keep in effect automobile liability insurance equal to the minimum limits required by the State of Kansas.

I hereby give my consent for Flint Hills Volunteer Center Inc. and if necessary to the volunteer position, conduct any necessary background checks.

I understand that the information provided on this form may be disclosed for the purpose of volunteerism only.

I commit to maintain the confidentiality of all proprietary or privileged information to which I am exposed while serving as a volunteer, whether this information involves a sing staff, volunteer, member, or other person involved in overall agency business. I understand that violation of confidentiality will result in immediate dismissal from my volunteer assignment.

The above information that I have provided is accurate and correct.

Signature of Volunteer

Date

Signature of FHVC/RSVP Staff

Date

FOR RSVP OFFICE USE ONLY: Entered in system on \_\_\_\_\_ Staff Initials: \_\_\_\_\_