



270 SCOTT STREET  
 PASO ROBLES, CA 93446  
 805.544.8740 Office  
 805.544.9146 Fax

## Central Coast Community Volunteers Enrollment Form

LAST NAME		FIRST NAME		MI	TELEPHONE NO.
STREET ADDRESS		CITY		STATE	ZIP
*DATE OF BIRTH	IN EMERGENCY NOTIFY		RELATIONSHIP		TELEPHONE NO.
E-MAIL ADDRESS:			FAX NUMBER:		
CELL PHONE NUMBER		WORK PHONE NUMBER		EXT:	

\* Date of birth is NOT optional – it is needed for the CCCV enrollment process.

**Employment Experience:**

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**Computer skills/Languages/Training/ Special Skills or Licenses**

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**Current Volunteer Service:**

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**Volunteer Job Preference/Preferred Agency:**

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**Are you a Veteran?** Yes No (Please mark) **Active Military Member?** Yes No (Please mark)

**Physical/Medical Limitations/Disability?**

(Please mark all that apply) Arthritis Heart Disease Hearing Vision Diabetes Standing Sitting & Walking

**Would you like to receive communication via your e-mail?** Yes No (Please mark)

(Tri-annual newsletter, welcome letter, Monday e-blast to keep you up-to-date on latest volunteer opportunities, etc.)

**(Optional) Gender:** Male Female Other (Please mark)

**(Optional) Race/Ethnic Background:**

White Asian African-American Hispanic/Latin Pacific Islander Pacific Islander

American Indian/Alaska Native Other (Please mark all that apply)

**PLEASE COMPLETE BOTH SIDES OF THIS FORM**

The following information is REQUIRED for enrollment as an CCCV volunteer.

**DESIGNATION OF BENEFICIARY**

(RSVP Accident Insurance)

NAME

RELATIONSHIP

ADDRESS


**LICENSE AND AUTOMOBILE INSURANCE**

<b>DRIVER'S LICENSE NUMBER</b>	<b>D.L. EXPIRATION DATE</b>	<b>AUTO INSURANCE CO.</b>	<b>POLICY No.</b>
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**MUTUAL UNDERSTANDING**

- A. I \_\_\_\_\_ volunteer my services through Central Coast Community Volunteers, and I understand that I am not an employee of CCCV or the station to which assigned.
- B. I understand that if I use my personal automobile in my Volunteer service that I must carry Automobile Liability Insurance equal to the minimum limits required by the State of California. Please make sure you have provided your driver's license number, its expiration date, and Insurance information.
- C. I understand that I should report my hours of volunteer service on a monthly basis, and that this entitles me to the supplemental liability, medical and auto insurances provided to me as an enrolled volunteer in the CCCV volunteer program. Reporting of my hours may be done on a workstation roster or on a completed monthly report "Volunteer Timesheet" form and mailed, e-mailed, telephoned or Faxed to the SVS office. If I fail to report my hours I am not eligible for the supplemental insurances offered at no cost to me or the station where I volunteer.

NOTE: If I desire mileage reimbursement, I must report my hours on a "Volunteer Hours Log" form, which is to be forwarded to Senior Volunteer Services by the 10<sup>th</sup> of each month for the preceding month. Station coordinator signature is required on log sheet in order to qualify for reimbursement.

\*\*I understand that if I receive mileage reimbursement at my assigned station from Federal Funds, I will not be eligible for any from RSVP.

If no reimbursement is requested the mileage can be donated to Senior Volunteer Services as an in-kind donation, and based on individual tax situations, may qualify for a deduction.

I understand and agree with the above statements: \_\_\_\_\_  
**Volunteer Signature** **Date**

Referred by: \_\_\_\_\_

Please send signed & completed enrollment form to Linda Loeb at: [linda@srvolunteer.org](mailto:linda@srvolunteer.org) or fax to 805.544.9146

**FOR RSVP USE ONLY:**

Workstation (s) Assigned: \_\_\_\_\_ Date Assigned: \_\_\_\_\_

\_\_\_\_\_  
Signature of AmeriCorps Seniors Manager

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Signature of Senior Volunteer Services Director

\_\_\_\_\_  
DATE