



# Lyon County RSVP Volunteer Enrollment Form

Lyon County Dept. on Aging  
430 Commercial St. (Mailing)  
402 Commercial St. (Physical)  
Emporia, KS 66801  
(620) 340-8258  
(620) 341-3481 (fax)

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail \_\_\_\_\_

City, State, & Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I am a Veteran: Yes \_\_\_\_\_ No: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Ethnic Group (Optional) Circle one: Caucasian, African-American, Hispanic, Other

Emergency Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Have a Car: Yes/No (circle one) Driver's License# \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If I use my personal automobile in volunteer assignments, including travel between home and assignment station, I will keep in effect my automobile liability insurance equal to the minimum amount required by the State of Kansas.

The name of my insurance carrier is: \_\_\_\_\_ Policy # \_\_\_\_\_

I designate the following as beneficiary for the death benefits as provided by RSVP Insurance;

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship \_\_\_\_\_ Complete Address: \_\_\_\_\_

**AS A RSVP VOLUNTEER, I UNDERSTAND AND AGREE THAT: I am not an employee of the Lyon County Department on Aging: I will receive no compensation for my services other than those negotiated with the volunteer station by RSVP staff. RSVP will provide me with supplemental accident, personal liability and automobile liability for coverage while traveling directly to, from, or while participating in volunteer related activities (if volunteer has other insurance, such as Medicare, his/her insurance would be primary insurance, and the coverage provided by the RSVP policy would take care of any remaining fees. *By signing below I acknowledge the information I have provided to be true and accurate to the best of my abilities.***

Volunteer Signature \_\_\_\_\_ Date: \_\_\_\_\_

RSVP Representative \_\_\_\_\_ Date: \_\_\_\_\_

## Work Specifics

Tell us your ideal hours you would like to work \_\_\_\_\_

Do you have a preference of *Morning or Afternoon* work & *Week or Weekend*? (Circle)

Do you speak any languages *other* than English? Yes / No (Circle)

*If yes*, please list \_\_\_\_\_

### PHYSICAL LIMITATION DECLARATION (OPTIONAL)

Your safety, satisfaction, health and happiness is our #1 priority, so for your comfort and safety please feel free to list below any minor or major limitations or disabilities that may have an influence on your volunteering ability.

\_\_\_\_\_

Any other information you would like us to be aware of:

\_\_\_\_\_

\_\_\_\_\_

***What you do Matters. What you do makes a Difference.***

**VOLUNTEER!**



Answering Telephone	
Arts & Crafts	
Assist Disable Youth/Children	
Assist Seniors with Activities	
Assist Youth/Children	
Bloodmobile helper/caller	
Bake for Special Events	
Board Volunteer	
Bookkeeping	
Computer/Data Entry	
Commodity Distribution	
Deliver Meals	
Disaster Assistance	
Driver-Own Car	
Event Volunteer	
Food Preparation	
Friendship to Seniors	
Hand Write Letters/Cards	
Hospice Volunteer	
Hospital Volunteer	
Library Volunteer	
Light Home Repair	
Mailing Preparation	
Nursing Home Visitor	
Office Work	
Operate Office Equipment	
Phone Calling	
Receptionist	
Senior Center Volunteer	
Senior Nutrition	
Yard Work	
Thrift Store Attendant	
Typing	
Veterans Serving Veterans	

Please list hobbies/special skills:

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**Thank you for volunteering for the  
Lyon County Department on Aging.**

***You are making a difference in  
communities served.***