RSVP OF BERKSHIRE COUNTY
VOLUNTEER REGISTRATION

FIRST NAME: ____________________________
LAST NAME: ____________________________

ADDRESS: ____________________________
CITY, STATE, ZIP: ______________________

PHONE: ______________________________
E-MAIL: ______________________________

DATE OF BIRTH: ______________________
VETERAN? YES NO

HOW DID YOU HEAR ABOUT RSVP? ______________________________

*EMERGENCY CONTACT: ______________________________

*PHONE NUMBER: ______________________________

*RELATIONSHIP: ______________________________

SKILLS OR HOBBIES YOU WOULD LIKE TO SHARE: ______________________________

PRESENT / PREVIOUS OCCUPATION: ______________________________

DO YOU HAVE PREVIOUS VOLUNTEER EXPERIENCE? ______________________________

WHAT ARE YOUR AREAS OF INTEREST? ______________________________

PLEASE LIST ANY DAYS/ TIMES YOU ARE AVAILABLE: ______________________________

WOULD YOU LIKE TO GIVE PERMISSION TO RSVP TO USE YOUR PICTURE, LIKENESS, VOICE, OR TESTIMONY FOR PURPOSES OF MEDIA, TRAINING, & RECRUITMENT? YES NO
INSURANCE: Volunteers are covered on the way to, and from, their volunteer assignments, by our CIMA insurance policy- AT NOT CHARGE TO THE VOLUNTEER. In order to initiate coverage, please complete the following:

*YOUR PRIMARY BENEFICIARY: ________________________________

*BENEFICIARY RELATIONSHIP: ________________________________

*PHONE NUMBER: ___________________________ ADDRESS: ________________________________

CONFIDENTIALITY AGREEMENT

“Confidential information” is any information in any media which is not generally known to the public and cannot be readily obtained by proper means by the general public; and includes, but is not limited to, information relating to mental or physical health of an individual, names and other identifying information about individuals, background or personal information told in confidence.

I, the undersigned, agree not to use or disclose any confidential information which is disclosed to me as a result of my serving as a volunteer. An exception to this occurs when I believe that an individual’s life might be in danger.

RSVP of Berkshire County will not release any volunteer information to outside parties, unless the volunteer indicates that he or she would like to be contacted by other organizations. All personal volunteer information remains secure at all times.

Printed Name: ________________________________

Signature: ________________________________

Date: ________________________________

Questions or Comments:
Consent for CORI and Sexual Offender Check (Required) RSVP FE216

RSVP of Berkshire County has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for RSVP, you understand that a criminal record check and a national sex offender check will be conducted and pending criminal case information ONLY. I understand that this does not necessarily disqualify me, but volunteer placements depend on results. The information below is correct to my knowledge.

Signature: __________________________________________

First Name: _______________________________ Last Name: _______________________________

Middle Name or Initial: __________________________________________

Maiden Name or Alias (Optional): __________________________________________

Mother’s Maiden Name (Optional): __________________________________________

ID Theft Pin (If applicable): __________________________________________

Date of Birth: __________________________________________

Sex: (Circle 1)  M   F

State Driver’s License Number: _______________________________ (Please have your ID ready so that RSVP may make a copy of it for our records).

Last 6 Digits of your Social Security Number  *Required*

(Digits are blacked out after CORI is run, and this form is locked away). XXX-_______-_________

Office Use Only:

The information above was verified with the following form of government issues photographic ID _______________________________

Requested By: __________________________________________ Authorized CORI Employee

The CHSB Identity Theft Index Pin Number is to be complete by those applications that have been issued an identity theft pin number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure that accuracy of the CORI request process. All CORI request forms that include this field are required to be submitted to the CHSB via mail or fax to 617-660-4614.

RSVP of Berkshire County. 16 Bartlett Avenue. Pittsfield, MA. 01201 413-499-9345