



RSVP OF BERKSHIRE COUNTY
RETIRED SENIOR VOLUNTEER PROGRAM
VOLUNTEER REGISTRATION

DATE: _____

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ 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 NO 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: _____

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-_____-_____
Last 6 digits of Social Security Number

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 completed by those applicants who have been issued an identity theft pin number by the CHSB. Certified agencies are required to provide all applicants the opportunity to ensure the accuracy of this information to ensure the 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.