



**References:**

**Please provide three confidential references that are familiar with your professional and/or volunteer experience.**

<u>Name</u>	<u>Email</u>	<u>Occupation</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I authorize the references listed to give HandsOn West Central Ohio, a program of Council on Rural Services, any pertinent information they may have and authorize investigation of all statements contained herein.

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

**\*HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY VIOLATION OF LAW? YES\_\_ NO\_\_**

If yes, please explain \_\_\_\_\_

*\* Convictions do not necessarily prohibit volunteers from enrolling in RSVP.*

**Media Release**

**I authorize photographs of me and my name to be used on television, in printed media stories or organization literature regarding HandsOn West Central, a program of Council on Rural Services.**

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

**Emergency Contact Information**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Beneficiary for RSVP Accident Insurance**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

I understand that if I use my personal automobile in my volunteer service, I will arrange to keep in effect auto liability insurance equal to the minimum amounts required by the state of Ohio. Further, my services to HandsOn West Central Ohio through the Retired and Senior Volunteer Program and to the agency to which I am referred are voluntary. I am not an employee of the volunteer station or HandsOn West Central Ohio. HandsOn West Central Ohio and its staff will in no way share my information without authorization to do so. All information shall remain confidential and will be placed in a locked filing cabinet. I authorize HandsOn West Central Ohio to release a copy of my RSVP enrollment record only to the volunteer stations to which I am referred.

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

Signature of HandsOn West Central Ohio Volunteer Coordinator \_\_\_\_\_ Date \_\_\_\_\_

Signature of HandsOn West Central Ohio Director \_\_\_\_\_ Date \_\_\_\_\_

## Self Disclosure Survey

Name \_\_\_\_\_ Date \_\_\_\_\_

HandsOn West Central Ohio, a program of Council on Rural Services, is required to gather statistical information for grant purposes. RSVP volunteers are required to complete the information below. This information shall remain confidential and will **not** be released with your enrollment form to the agency/agencies with which you serve.

**Date of Birth:** \_\_\_\_\_

**Which one of the following racial or ethnic groups do you identify?** (Check one)

\_\_\_\_\_ White      \_\_\_\_\_ African American      \_\_\_\_\_ Hispanic      \_\_\_\_\_ Asian or Pacific Island  
\_\_\_\_\_ American Indian or Alaskan Native      \_\_\_\_\_ Other

**Gender:** \_\_\_\_\_ Male      \_\_\_\_\_ Female