



Retired and Senior Volunteer Program (RSVP)

Application Checklist

If you are enrolling as an RSVP volunteer, make sure you have completed and attached all of the required application items using the checklist below:

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Retired and Senior Volunteer Application (2 page form)

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RSVP Receipt and Acknowledgement of Volunteer Handbook form (this is the last page of the volunteer handbook)

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Copy of a valid I.D. (Driver's License, Passport, State I.D.) This is to verify that you are eligible for the program.

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Proof of auto insurance. This is required for the RSVP supplemental insurance to be in force while you are volunteering - a volunteer benefit at no cost to you.

You can mail, fax, or email your application to:

Cornerstone Community Action Agency

114 Needham Street

Coleman, TX 76834

Phone: 325-625-4167

Fax: 325-625 3335

Email: rsvp_vita@ctoinc.org



CORNERSTONE
Community Action Agency

RSVP Volunteer Application
114 Needham Street, Coleman, Texas 76834
Phone 325.625.4167 Fax 325.625.3335
Email: rsvp_vita@ctoinc.org



Legal: First Name: _____ **Last Name** _____

Preferred Name (if different) _____ **Date:** _____

Address: _____ **Birthdate:** _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

E-Mail Address: _____ **Cell Phone:** _____

May RSVP contact you by e-mail? ☐ Yes ☐ No

Would you like to receive the CCAA. RSVP newsletter through (check one) ☐ Mail ☐ Email

Please check all that apply to you: (This information is required and used for statistical purposes only.)

☐ Male ☐ Female ☐ Single ☐ Married ☐ Widowed

Racial Group: ☐ White ☐ Black or African American ☐ Asian ☐ American Indian ☐ Native Hawaiian or Pacific Island

Ethnicity: ☐ Hispanic or Latino ☐ Non-Hispanic or Non-Latino

Physical Limitations: _____ **Shirt Size** _____

Retired Military: ☐ Yes ☐ No **Veteran:** ☐ Yes ☐ No **Spouse of a Veteran:** ☐ Yes ☐ No

If you use your personal automobile in reporting to and from your station(s) and during service you must keep in effect automobile liability insurance in accordance with Texas state law which is certified by your signature below. All information below is REQUIRED for the RSVP supplemental insurance (personal/automobile liability and accident) to be in force while you are volunteering - this is a volunteer benefit at no cost to the volunteer:

I have personal automobile insurance as required by the State of Texas: ☐ Yes ☐ No **If yes, provide a copy of active coverage**

Driver's License No.: _____ **Expiration Date:** _____

Do you use your car as transportation to and/or from your volunteer assignment? ☐ Yes ☐ No

Do you use your car during your volunteer assignment? ☐ Yes ☐ No

Beneficiary for RSVP Insurance:

Name: _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Emergency Contact: _____ **Phone:** _____

Photo Release: I hereby give my permission to the CCAA RSVP for the use of my name and photograph for a variety of purposes, including but not limited to, the RSVP newsletter, website and press releases.

Confidentiality: I hereby agree and acknowledge that all confidential information, to which I may have access as a CCAA. RSVP Volunteer, is restricted and may only be used in the performance of volunteer duties at assigned stations. I will not discuss or share any confidential, privileged or personal data outside the scope of my assignment.

Background Check: I hereby acknowledge that some stations may require a background check and I give my permission for these checks to be conducted.

I, the undersigned, hereby request to be enrolled as a volunteer in the CCAA RSVP Program. I understand that my service is voluntary and I agree to serve without compensation. I certify that I am 55 years of age or older.

Volunteer Signature: _____ **Date** _____

RSVP Directors Signature: _____ **Date** _____

Retired from: _____ Position: _____

Places where I am now volunteering: _____

Places where I might like to volunteer: _____

From whom or where did you hear about RSVP? _____

Do you have family members serving in the military and if so how many? _____

Please check activities/skills that are good match with your interests and abilities as an RSVP volunteer:

General Maintenance

__general handyman
__yard work

Arts

__crafts
__sewing/crochet
__usher

Services for Seniors

__errands/deliveries
__friendly visitation
__medical transportation
__nursing home advocate
__telephone reassurance
__benefits information
__veteran services

I am available to volunteer:

__Monday __am __pm
__Tuesday __am __pm
__Wednesday __am __pm
__Thursday __am __pm
__Friday __am __pm
__Saturday __am __pm
__Sunday __am __pm

Office/Clerical

__computer/data entry
__filing/typing
__prepare mailings
__answer phone

Public Safety

__police services
__disaster services

Museums/Libraries

__docent/guide
__book store/sale
__exhibit host

Community Projects

__thrift store
__holiday events
__fundraising
__tax assistance
__special events
__military family events
__recycling

Nutrition Projects

__sort food
__prepare food
__deliver food
__distribute food
__serve food

Education

__adult literacy
__job readiness
__story time
__teacher/presenter
__tutor/mentor

RSVP Special Projects

Special projects are volunteer opportunities that occur sporadically and consist of a variety of activities. The most often occurring projects are clerical in nature and include preparing mailings and packets, answering the telephone, etc. There are also opportunities to help in some capacity with fundraising events, serving as a host/hostess for exhibits, helping with registration for a conference or event and more. Would you like to be informed of these projects knowing that you can accept or decline based on your schedule and interests?

☐ Yes

☐ No

Please list other special skills, interests, or languages you speak:

RSVP Staff is required to provide data related to the questions below. If you know the answer or can give an accurate estimate please provide answers to the questions below:

Do you serve veterans? ____ Number if known? _____ Do you serve family members of veterans? ____ Number if known? _____

If you serve active military members through your service please indicate how many: _____

If you serve military families such as a spouse or children please indicate how many: _____

If you mentor children through your volunteer service please indicate how many: _____

If you serve ex-offenders through your volunteer service please indicate how many: _____

If you serve prisoners or immigrants through your volunteer service please indicate how many: prisoner's _____ immigrants _____



CORNERSTONE

Community Action Agency

Authorization for Electronic Payment

<p>To authorize Cornerstone Community Action Agency to deposit your payments automatically into your banking account, please complete and sign this form.</p> <p>Payment will be made automatically in accord with the payment terms agreed upon that are contained in the Purchase Orders and/or Invoices presented for payment.</p> <p>An e-mail, confirming the deposit and detailing the invoice number(s) that were paid by this deposit will be sent to the e-mail address provided in this form.</p> <p>This authorization may be changed at any time, provided you give us ten days' notice, in writing.</p> <p>All communications can be sent to:</p> <p>Cornerstone Community Action Agency 114 Needham Street Coleman , TX 76834 Phone: (325) 625-4167 Fax: (325) 625-3335 Email: accounting@ctoinc.org</p> <p>Effective immediately all vendors will be required to submit electronic payment form.</p>	Vendor Name: (name to be printed on check)	
	Mailing Address:	
	Name of Financial Institution:	Name on Account:
	Account Number:	Routing Number:
	Email Address to which electronic confirmations will be sent:	
	Contact Name:	
	Contact Telephone Number:	
	By signing this form below, I/we authorize Cornerstone Community Action Agency and the financial institution indicated above to deposit all payments due automatically, in accordance with agreed upon payment terms. This authority will remain in effect until I/we notify Cornerstone Community Action Agency in writing of its cancellation.	
	Authorized Signature and Date:	
	Staff member making request:	
Staff Signature and Date:		
Vendor Type: (Staff Only) <input type="checkbox"/> Client Asst <input type="checkbox"/> Client Asst Landlord <input type="checkbox"/> Client Mortgage <input type="checkbox"/> TBRA Client <input type="checkbox"/> TBRA Vendor <input type="checkbox"/> Volunteer <input type="checkbox"/> Vendor		
<p>Due to the current pandemic if there is no electronic payment on file, this could delay your payment should we not be allowed to come into the office to print checks and mail does not run. If you choose not to enroll in electronic payment please sign below to acknowledge that you understand there could be a delay in your payment.</p>		
Signature:		Date: