

RSVP OF SAN MATEO COUNTY

Sponsored by Mills-Peninsula Senior Focus
1720 El Camino Real, Suite 10, Burlingame, CA 94010
Phone: 650-696-7660 • Fax: 650-696-3633



Date: _____

Dear _____:

Thank you for your interest in the RSVP of San Mateo County. Enclosed is an RSVP Fact Sheet, and RSVP enrollment form for you to complete and return in the pre-addressed envelope.

If you are currently looking for a volunteer opportunity, please call the RSVP office to set up an appointment to review our job listings and discuss volunteer services and opportunities. Our volunteer opportunities are quite diverse as more than 125 non-profit agencies throughout the County send RSVP information regarding their volunteer needs. We are here to help you locate a volunteer opportunity that you will find enjoyable and rewarding.

If you are already volunteering at one of RSVP's partnering agencies and simply wish to join RSVP, or are currently seeking a volunteer placement, please complete **both** sides of the enrollment form and return it to our office. Once we receive it, you will be sent a new member packet containing information on the benefits of your RSVP membership.

Please call Barbara Adamson, the RSVP Assistant, at (650) 696-7660 if you have any questions regarding the program, its benefits and policies, or the enrollment process. We look forward to hearing from you.

Sincerely,

Deborah Owdom
RSVP Project Director

Enclosures

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**“Sharing the Experience of a Lifetime”
“RSVP – Your Invitation to Serve”**

WHAT IS RSVP?

RSVP is a program of the Corporation for National and Community Service (www.cns.gov) and is sponsored by Mills-Peninsula Senior Focus. More than 850 adults in San Mateo County are active members of this program.

WHO CAN VOLUNTEER?

Anyone who is 55 years of age or older, and willing to share their lifetime of experience is eligible to become a member of RSVP. Older adults have education, experience and talents that can be an asset to our community.

WHERE DO RSVP MEMBERS SERVE?

RSVP members serve in a variety of community settings such as schools, food banks, museums, libraries, hospitals, and public safety agencies. In San Mateo County there are more than 130 non-profit agencies and organizations who have partnered with RSVP where member may choose to provide volunteer service.

WHAT KINDS OF COMMUNITY SERVICE IS DONE?

RSVP members prepare and serve meals, provide computer and clerical support, serve as docents for museums, promote emergency preparedness and public safety, serve on Advisory Councils and Non-Profit Boards, and many other community service opportunities.

WHAT BENEFITS ARE PROVIDED BY RSVP?

Free supplemental ACCIDENT, PERSONAL, and AUTOMOBILE LIABILITY INSURANCE covers all RSVP members while traveling directly to and from, and participating in community service activities. A bi-monthly newsletter keeps members informed of current volunteer opportunities. An exciting annual Recognition Event is held to honor all RSVP members.

HOW DOES ONE BECOME AN RSVP MEMBER?

There is no fee for participation in RSVP. RSVP Members are only asked to complete an enrollment form, fill out a volunteer time sheet once a month and mail it to the RSVP office. Members receive a brief orientation by a staff person who will provide information about RSVP, its benefits and policies. RSVP staff will help members choose community service activities in an appropriate and fulfilling area of interest.

*For more information please contact
The San Mateo County RSVP office
At (650) 696-7660.*

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Phone: (650) 696-7660 ♦ Fax: (650) 696-3633 ♦ E-mail: adamsob1@sutterhealth.org

**RSVP VOLUNTEER MEMBER ENROLLMENT FORM**(ELIGIBILITY **55** YEARS OLD OR OLDER)

Thank you for your interest in the Retired and Senior Volunteer Program of San Mateo County. To enroll, please complete **both sides of this form**, sign the reverse where indicated and return the form to the RSVP office at the address shown above. *Note: All information provided is maintained by RSVP as CONFIDENTIAL.*

PLEASE PRINT:

Last Name: _____ First Name: _____ Date: _____

Phone No. _____ E-mail : _____

Address: _____ Apt: _____ City: _____ Zip Code: _____

Date of Birth: _____ Physical Limitations (if any): _____

Gender

- Female
 Male

Ethnic Group

- Not Hispanic/Latino
 Yes, Hispanic/Latino

Racial Group

- Asian American Indian/Alaskan Native
 Black Native Hawaiian/Pacific Islander
 White

Transportation to Work Site

- I Drive Myself
 Carpool Passenger
 Public Transit
 Redi-Wheels
 Taxi
 Walk

Source of Referral (please include name if possible)

- Agency Staff: _____ RSVP Volunteer Member: _____
 Friend _____
 Newspaper/Radio/Television: _____ Web Site: _____
_____ Other: _____
 RSVP Brochure
 RSVP Staff

Volunteer Skills and Interests

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Accounting/Bookeeping | <input type="checkbox"/> Counseling | <input type="checkbox"/> Homeless Services | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Adult Education/Tutor | <input type="checkbox"/> Disaster Volunteer | <input type="checkbox"/> Hospice Care | <input type="checkbox"/> /Outreach |
| <input type="checkbox"/> Adult Supportive Service/Advocate | <input type="checkbox"/> Docent/Museum Assistant | <input type="checkbox"/> Hospital Auxiliary | <input type="checkbox"/> Public Safety |
| <input type="checkbox"/> Animal Care | <input type="checkbox"/> Entertainment/Theatre | <input type="checkbox"/> Host/Hostess | <input type="checkbox"/> Reading Aloud |
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Environment | <input type="checkbox"/> Information & Referral | <input type="checkbox"/> Receptionist |
| <input type="checkbox"/> Child Care Provider | <input type="checkbox"/> Food Bank | <input type="checkbox"/> Languages(Non-English) _____ | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Child Education/Tutor | <input type="checkbox"/> Friendly Visits | <input type="checkbox"/> Letter Writing | <input type="checkbox"/> Shop/Delivery |
| <input type="checkbox"/> Child Support Services/Advocate | <input type="checkbox"/> /Companions | <input type="checkbox"/> Library Services | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Clerical (General) | <input type="checkbox"/> Fundraising/Grant Writing | <input type="checkbox"/> Mailings Preparation | <input type="checkbox"/> Teen Services |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Gardening/Grounds Maintenance | <input type="checkbox"/> Maintenance (General) | <input type="checkbox"/> Transportation/Driver |
| <input type="checkbox"/> Congregate Nutrition (Senior) | <input type="checkbox"/> Gift/Thrift Shop | <input type="checkbox"/> Mentor (Child/Youth) | <input type="checkbox"/> Volunteer Coordinator |
| | | <input type="checkbox"/> Money Management | <input type="checkbox"/> Other: _____ |
| | | <input type="checkbox"/> Office Assistant | |

(Form continued on the reverse)

RSVP Staff Use Only	Volunteer No. V-	<input type="checkbox"/> New Member Packet	<input type="checkbox"/> Placement at Station/Job: _____	Official Start Date:
		<input type="checkbox"/> Orientation Flyer	<input type="checkbox"/> Time Sheet Included for Mo. of _____	Termination Date:

RSVP MEMBER INSURANCE ENROLLMENT BENEFIT
Must be completed by all RSVP Members

I volunteer my services through the Retired and Senior Volunteer Program of San Mateo County. In enrolling for membership, it is understood that I am NOT an employee of Mills-Peninsula Senior Focus or of RSVP.

It is further understood that as an RSVP member, I will be covered by accident insurance while performing my volunteer activities and while traveling between my home and my work site. **The person designated below is my beneficiary for insurance purposes:**

Name: _____ Relationship: _____

Address: _____ Telephone: _____

Volunteer Signature: _____ **Date:** _____

Affirmation of Insurance Coverage

RSVP members who indicate that they drive to and from their volunteer worksite **must sign below.**

I affirm that I possess a valid CA Driver's License and carry valid automobile insurance coverage equal to the minimum limits required by the State of California.

It is understood that RSVP carries excess automobile liability insurance with a minimum of \$500,000 combined single limit bodily injury/property damage for each accident. It is further understood that RSVP policy applies only:

1. After the limits of my own insurance have been exhausted;
2. To claims arising out of related volunteer activities including driving directly between the volunteer's residence and volunteer work site.

Volunteer Signature: _____ **Date:** _____

Emergency Contact Information

In case of emergency, please notify:

Name: _____ Telephone: _____

Address: _____

Relationship: _____

Current Volunteer Service Activity

If actively volunteering at this time, please note the agency(s) and the volunteer position(s) below:

Agency: _____ Position: _____

Agency: _____ Position: _____

Agency: _____ Position: _____