



<i>For Office Use Only</i>	
Program(s)	_____
ST	_____
BID	_____
RSVP	_____
Repo	_____
BG Check	_____
NSOWP	_____

7730 Sheridan Road, Kenosha WI 53143 / www.kafasi.org / Ph. 262.658.0237
 fax: 262.658.2263

VOLUNTEER ENROLLMENT FORM

General Information

Name _____ Home Phone _____
Last First MI Maiden

Address: _____ Cell Phone _____

City _____ State _____ Zip _____

Date of Birth _____ Gender: _____

Email _____ Are You a Veteran? Yes No

Referred by (name) _____

How did you hear about our agency? Radio Newspaper Sign in front Other _____

Insurance Information

Driver's License No. _____ State _____

Auto Insurance Company _____ Phone _____

Volunteers for **Volunteer Transportation Program** must have auto liability insurance equal to or greater to: Property Damage Liability \$50,000/Bodily Injury Liability \$100,000/\$300,000 Liability per occurrence. Do you currently have this coverage? Yes or No

For all other programs, insurance coverage must meet the minimum limits required by the State of Wisconsin: Property Damage Liability \$10,000/ Bodily Injury Liability \$25,000 per person. Do you currently have this coverage? Yes or No

Emergency Contact

Name: _____ Relationship _____ Phone _____

Name: _____ Relationship _____ Phone _____

Have you ever been convicted of a crime? Yes No

If yes, please explain: _____

Experience

Current/Past Volunteer Experience _____

Education/Training _____

Current/Past Occupation _____

Why do you want to volunteer? _____

Availability

When are you available to volunteer? (Please check **all** that apply.)

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
A.M.							
P.M.							

Please fill out

Interests/Volunteer Opportunities

Please indicate the volunteer opportunity of interest. To expedite enrollment process, **please limit to one (1) selection.** If enrollee has additional interests these will be reviewed at the volunteer orientation.

- Senior Dining: *social lunches for seniors*
- Daybreak: *activities for persons with memory loss*
- Meals on Wheels
- Board of Directors
- Memory Masters:
- Sip & Swipe Café:

- Volunteer Transportation Service: *assistive transportation*
- Friendly Visitor: *for homebound elderly*

FOR VOLUNTEERS 55 AND OLDER

RSVP (Retired and Senior Volunteer Program) has additional service opportunities. Please check all that interest you.

Health/Human Needs

- Aurora Medical Center
- Hospice Alliance
- Shalom Center
- Friendly Visitor
- Holiday House
- Senior Dining

Education

- Mentor children
- Adult Literacy Tutor
- Student Reading Tutor
- Sip & Swipe
- Stepping On

Volunteer From Home

- Knit hats & mittens
- Phone Support

Other

- Special Events
- Mailings
- Municipal Court Bailiffs
- Kenosha Public Museums
- Kenosha History Center
- RSVP Advisory Council

Please list any hobbies, special skills or interests:

All volunteers are covered by a supplemental personal liability, accident and auto liability insurance policy during the entire time spent volunteering (to, during and from an assignment). **Please designate a beneficiary.**

Name _____ Relationship _____

Address _____ Phone _____

City _____ State _____ Zip _____

Volunteer Agreement

I will adhere to all relevant policies of Kenosha Area Family and Aging Services, Inc. (KAFASI) and to the highest standards of conduct and confidentiality. As a volunteer with KAFASI, I understand that I may interact with people of diverse socioeconomic, ethnic, religious, and age backgrounds; I will not discriminate against them. I understand that KAFASI may conduct a criminal background check with the Wisconsin Department of Justice and a national sex offender background check and that information obtained will not automatically disqualify me from consideration. I understand that all information on this form will be kept strictly confidential. I also understand that KAFASI, the program/individual with whom I volunteer, or I may terminate my volunteer service at any time. In addition, I have no objection to the use of my photograph/video by KAFASI for the specific purpose of publicity, public relations or educational promotion, providing it is legitimately published with discretion, and I give consent for these purposes. I understand that information may be shared in order to ensure programmatic compliance, however, information is never sold or shared with external parties.

Volunteer Signature

Date

KAFASI Staff Signature

Date
Revised
06/01/2018