



**RSVP of the Central Coast**  
 660 Pismo Street, San Luis Obispo, CA 93401  
 (805) 544-8740, FAX 544-9146, rsvpcoordinator@srvolunteer.org

## ENROLLMENT FORM

LAST NAME			FIRST NAME			MI	TELEPHONE No.		
STREET ADDRESS				CITY		STATE	ZIP		DATE OF BIRTH MONTH    DAY    YR
MALE	FEMALE	IN EMERGENCY NOTIFY			RELATIONSHIP			TELEPHONE No.	
E-MAIL ADDRESS:					FAX NUMBER:				
CELL PHONE NUMBER:			PAGER NUMBER:		WORK PHONE NUMBER:			EXT:	

### WORK EXPERIENCES


### EDUCATION, LICENSES, and/or SPECIALIZED TRAINING


### FOREIGN LANGUAGES SPOKEN

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### HOBBIES, ORGANIZATIONS, CLUBS

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### CURRENT VOLUNTEER SERVICE

### PREVIOUS VOLUNTEER SERVICE


### CLERICAL

TYPING	YES		NO	
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COMPUTERS	YES		NO	
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AVAILABLE FOR ONE TIME OR SHORT TERM ASSIGNMENT? YES      NO

**PLEASE COMPLETE BOTH SIDES OF THIS FORM**

Do you have any physical conditions that may limit your assignment? Explain below.

ARTHRITIS	HEART	LUNGS	VISION	HEARING	STANDING	SITTING	WALKING
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(The following information is required for RSVP insurance coverage)

### DESIGNATION OF BENEFICIARY

(RSVP Accident Insurance)

NAME	RELATIONSHIP	ADDRESS

### AUTOMOBILE INSURANCE

DRIVER'S LICENSE No.	AUTO INSURANCE CO.	POLICY No.	EXPIRATION DATE
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### MUTUAL UNDERSTANDING

A. I \_\_\_\_\_ volunteer my services through Senior Volunteer Services Retired & Senior Volunteer Program  
(PLEASE PRINT YOUR NAME CLEARLY)

(RSVP) of the Central Coast, and I understand that I am not an employee of the RSVP or the station to which assigned.

B. I understand that if I use my personal automobile in my Volunteer service that I must carry Automobile Liability Insurance equal to the minimum limits required by the State of California.

C. I understand that I should report my hours of volunteer service on a monthly basis, and that this entitles me to the insurance purchased by RSVP. Reporting hours may be done on a workstation roster or a completed "Volunteer Hours Log" form and mailed, e-mailed, telephoned or FAX'd to the RSVP office.

**NOTE:** If I desire mileage reimbursement, I must report my hours on a "Volunteer Hours Log" form, which is to be forwarded to RSVP by the 10<sup>th</sup> of each month for the preceding month. Station coordinator signature is required on logsheet to qualify for reimbursement.

*If no reimbursement is requested the mileage can be donated to RSVP as an inkind donation, and based on individual tax situations may qualify for a deduction.*

I understand and agree with the above statements: \_\_\_\_\_  
(VOLUNTEER'S SIGNATURE) (DATE)

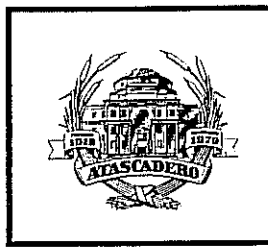
Referred by: \_\_\_\_\_

### FOR RSVP USE ONLY:

Workstation (s) Assigned: \_\_\_\_\_ Date Assigned: \_\_\_\_\_

(SIGNATURE OF RSVP COORDINATOR) (DATE)

(SIGNATURE OF RSVP DIRECTOR) (DATE)



AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

This application is part of the examination process. Failure to meet all the requirements listed in the job announcement and the established class specification by the final filing date is cause for rejection. It is the applicant's responsibility to insure that the application and any required certificates are on file at the personnel office no later than 5:00 p.m. on the filing date. Late applications will be rejected. Postmarks not accepted. Print in ink or use typewriter. Answer all questions completely and accurately. All information is subject to verification. False statements may be cause for rejection of the application, removal of name from eligible list or dismissal from position.

1. \_\_\_\_\_  
 (Position applying for: EXACT TITLE)

2. Name: (Last) (First) (Middle) Do you have a U.S. Social Security Card? (proof required after hire)

3. Address: (Number) (Street) (Home Phone) (Cell phone)  
 (City) (State) (Zip Code) (e-mail address)

4. Do you have a valid driver's license? (proof required after hire) : \_\_\_\_\_ Class \_\_\_\_\_ Expiration date: \_\_\_\_\_ State of Issuance \_\_\_\_\_

5. If hired, are you willing to (answer yes or no to the following questions):  
 Submit proof of age? \_\_\_\_\_ Be fingerprinted? \_\_\_\_\_ Work full time? \_\_\_\_\_ Work part time? \_\_\_\_\_  
 Submit proof of Citizenship or legal right to remain and work in the U.S.? \_\_\_\_\_ Have a physical examination? \_\_\_\_\_  
 Work temporary? \_\_\_\_\_ Work weekends and holidays? \_\_\_\_\_ Work nights? \_\_\_\_\_

**Education and Training:** Applicants may be required to furnish proof of academic training by transcript or diploma.

6. Highest school grade completed: \_\_\_\_\_ Did you graduate? \_\_\_\_\_ If not, do you have a GED Certificate? \_\_\_\_\_  
 Give name and location of last school attended (High School or College, whichever applies). \_\_\_\_\_

College or University	Major / Minor	Units	Degree

7. Are you a veteran of the U.S. military? \_\_\_\_\_

8. Provide any additional information pertinent to this position. Include certificates or licenses of professional or vocational competence, membership in professional or technical associations; ability to use specialized tools or equipment, foreign language skills.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(For Office Use Only)

9. **EXPERIENCE:** Show your present job first, then list all other jobs in order, working down from most recent. Use a separate block for each job title held even if held within the same organization. Show experience for the past 10 years and also earlier experience which may pertain to the position for which you are applying. Use additional sheets if necessary. List any job related volunteer experience you may have had. If hours worked per week varied, give average. RESUMES WILL NOT BE ACCEPTED IN LIEU OF THE REQUIREMENTS OF THIS SECTION. A resume may be added.

From: Month _____ Year _____	Firm Name & Address:	Position Title:	Duties:
To: Month _____ Year _____	Supervisor:	Reason For Leaving:	
\$ _____ Per _____	Phone Number:		
Hours worked Per Week _____			
From: Month _____ Year _____	Firm Name & Address:	Position Title:	Duties:
To: Month _____ Year _____	Supervisor:	Reason For Leaving:	
\$ _____ Per _____	Phone Number:		
Hours worked Per Week _____			
From: Month _____ Year _____	Firm Name & Address:	Position Title:	Duties:
To: Month _____ Year _____	Supervisor:	Reason For Leaving:	
\$ _____ Per _____	Phone Number:		
Hours worked Per Week _____			
From: Month _____ Year _____	Firm Name & Address:	Position Title:	Duties:
To: Month _____ Year _____	Supervisor:	Reason For Leaving:	
\$ _____ Per _____	Phone Number:		
Hours worked Per Week _____			

11. Were you ever discharged or asked to resign from a position? \_\_\_\_\_ Would you object to your previous/current employer being contacted? \_\_\_\_\_  
 If "Yes" to either of the above, please explain: \_\_\_\_\_

12. As an adult, have you ever been CONVICTED of any offense other than a minor traffic violation? (Do not include convictions while a minor.) List and discuss each conviction (including those that have been expunged,) in the remarks section. A "yes" answer is not an automatic bar from employment. Each case will be considered on its merits.

Remarks: \_\_\_\_\_

13. **CERTIFICATE OF APPLICANT - READ CAREFULLY BEFORE SIGNING:** I certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any false statements of material facts will subject me to disqualification or dismissal. I hereby consent and agree that the City of Alascadero may conduct such background investigations as it deems necessary for the purpose of determining my qualifications and fitness for employment, as well as conducting investigations into possible misconduct. Under California Civil Code § 1786.53, I may elect to receive or not receive any public records which may be obtained by the City of Alascadero for employment purposes.  I elect to receive public records. I hereby authorize the release of information pertaining, but not limited to, my education, driving, military, police and prior employment records to the City of Alascadero upon request. I hereby authorize any former employer, its employees & representative, or any person listed as a reference to provide any and all information they deem appropriate regarding my employment and job performance to the City of Alascadero and any of its employees, representatives and agents. This information may be provided either verbally or in writing. I agree to undergo a medical examination by a City-paid medical practitioner and fully understand that employment is contingent upon meeting the City's medical requirements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_