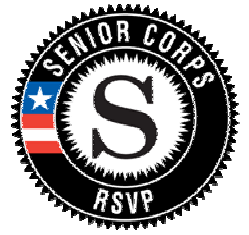


Commonwealth of Massachusetts
COUNTY OF NORFOLK
Office of the County Commissioners
RSVP VOLUNTEER PROGRAM



614 High Street, P.O. Box 310, Dedham, MA 02027-0310
Tel: 781-329-5728 Email: rsvp@norfolkcounty.org Fax: 781-326-6480

Commissioners
Francis W. O'Brien, Dedham, Chairman
John M. Gillis, Quincy
Peter H. Collins, Milton

Clerk: Walter F. Timilty, Milton
County Director: Daniel P. Matthews

RSVP Director
Lillian Hartman

Welcome to Norfolk County RSVP

Responding to Your Community

VOLUNTEER APPLICATION

It is a pleasure to welcome you to the Norfolk County RSVP Volunteer Program! Your registration packet includes the registration form, C.O.R.I. form, and a sample time sheet; each month we ask that you total the number hours that you volunteered, and - ***if you wish to receive mileage reimbursement for the number of miles travelled to and from your volunteer site, please see information form for more details.***

In order for RSVP to receive Federal funding from CNCS, we are required to submit monthly timesheets which have been completed by each volunteer.

Our registration form requires a photocopy of your driver's license in order to be processed, so please be sure to include that when you send your registration form back to us.

If you have any questions at all, please don't hesitate to contact me at (781) 329-5728. We want you to be happy with your volunteer experience with Norfolk County RSVP – so please keep us informed!

Sincerely,

Lillian Hartman

Lillian Hartman, Director
Norfolk County RSVP
(781) 329-5728
rsvp@norfolkcounty.org



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WHAT IS RSVP?

RSVP is a volunteer program comprised of volunteers who are 55+ years of age who build stronger communities together through service. We encourage residents of Norfolk County to volunteer their personal time and utilize their knowledge and life's experiences to help meet community needs. Norfolk County RSVP is federally funded in part by the Corporation for National Service and locally funded by the Norfolk County Commissioners. Norfolk County RSVP currently has over 50 volunteer sites. Programs include: **Friendly Visiting and Companionship; Reading and Tutoring; Adult Literacy; Meals on Wheels; Food Pantries; Inmate Pre-Release Mentoring Program; Administrative and Community Outreach, and Other Volunteer efforts designed to meet community needs.**

REGISTRATION FORM & CORI CHECK

RSVP is required to have a C.O.R.I. (background check) on file for each volunteer with the Registration form in order for RSVP to process the application (with the exception of schools and hospitals, who require their own C.O.R.I. checks). If you have any questions regarding the C.O.R.I. process, please call the RSVP office at (781) 329-5728.

TIME SHEETS

In order for RSVP to receive Federal funding from CNCS, we are required to submit monthly timesheets which have been completed by each volunteer. RSVP's timesheets document total number of volunteer hours, type of service, any meals the volunteer receives at their site. Additionally, if the volunteer wants mileage reimbursement, the volunteer must total the number of miles traveled to and from their assignments in the column provided. ***We ask that all Volunteers please submit their timesheets by the 7th of the following month - especially if the volunteer wants mileage reimbursement.***



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MILEAGE REIMBURSEMENT – HOW IT WORKS

Mileage reimbursement is an optional benefit. Eligible miles are mileage incurred in a volunteer’s travel to and from their home to their volunteer site. Norfolk County RSVP reimburses at the rate of \$.30 per mile up to a maximum of \$30.00 or 100 miles per month. In order to receive mileage reimbursement, you must submit a valid copy of your driver’s license to the office. If you do not drive, you may receive reimbursement for alternative travel expenses (such as taxi, train or bus fares) to and from your volunteer site. **Checks are sent the month after the end of each quarter (please see schedule below). Mileage reimbursement checks are not taxable.**

Volunteer Month

July, August, September
October, November, December
January, February, March
April, May, June

Reimbursement Month

October 31
January 31
April 30
July 31

SUPPLEMENTAL ACCIDENT INSURANCE

RSVP provides all volunteers with free supplemental accident insurance while traveling to and from their volunteer site. If you should have an accident while volunteering, please contact the office immediately.

ANNUAL RECOGNITION LUNCHEON

Norfolk County RSVP invites all of our volunteers to join us for our Annual Recognition Luncheon. It is filled with a wonderful lunch, gifts, door prizes and entertainment.



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NORFOLK COUNTY RSVP VOLUNTEER REGISTRATION

Name: _____ Date of Birth: _____

Mailing Address: _____

Email Address: _____ Phone: _____

For your free RSVP Insurance, driver's license #: _____

Emergency Contact: _____

Address & Phone: _____

Beneficiary of free RSVP Insurance: _____

Address & Phone: _____

Work Experience/Education: _____

Volunteer Experience: _____

How did you hear about us? _____ Are you a veteran? _____

What days and hours are you available to volunteer? _____

I am interested in (please mark all that apply):

- elementary school tutoring mentoring inmates driving veterans
- food distribution calling from home other: _____

By checking this box, I hereby give permission for photos or videos of my service activity to be used to promote senior volunteers.

I understand that I am not employee of the National Senior Corps/RSVP or Norfolk County RSVP. If I use my vehicle while volunteering, I will maintain a current driver's license and automobile liability insurance at least equal to that required by the Commonwealth of Massachusetts. I understand that I am expected to be free from the influence of alcohol or illegal drugs while volunteering.

Volunteer Signature and Date

RSVP Director Signature and Date



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BACKGROUND CHECK AUTHORIZATION

THE NORFOLK COUNTY RSVP VOLUNTEER PROGRAM HAS BEEN CERTIFIED BY THE CRIMINAL HISTORY SYSTEMS BOARD FOR ACCESS TO CONVICTION AND PENDING CRIMINAL CASE DATA.

AS A (PROSPECTIVE) EMPLOYEE/VOLUNTEER FOR THE POSITION OF

I UNDERSTAND THAT A CRIMINAL RECORD CHECK WILL BE CONDUCTED FOR CONVICTION AND PENDING CASE INFORMATION ONLY AND IT WILL NOT NECESSARILY DISQUALIFY ME. THE INFORMATION BELOW IS CORRECT TO THE BEST OF MY KNOWLEDGE.

APPLICANT /EMPLOYEE SIGNATURE

LAST NAME (PLEASE PRINT)

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

DATE OF BIRTH

SOCIAL SECURITY NUMBER
(LAST 6 DIGITS REQUIRED)

ID THEFT INDEX PIN
(IF APPLICABLE)

MOTHER'S MAIDEN NAME

CURRENT ADDRESS: _____

FORMER ADDRESS: _____

SEX: _____ HEIGHT: _____ FT _____ IN WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____
(INCLUDE STATE OF ISSUE)

.....

RSVP STAFF ONLY

THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT

ISSUED PHOTOGRAPHIC IDENTIFICATION: _____

REQUESTED BY: _____

SIGNATURE OF CORI AUTHORIZED EMPLOYEE



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Remember to enclose a copy of your Driver's License!

*We must have a photocopy of your Driver's License
in order to process your registration*



