



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 REGISTRATION 2015

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: **Elementary School Reading and Tutoring; Meals on Wheels; Food Pantries; Veterans' transportation, friendly visiting, and mentoring; Administrative and outreach support for Veterans' programs, and other efforts 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, but you cannot deduct the same miles as a charitable expense on your tax return.**

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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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*





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NORFOLK COUNTY RSVP VOLUNTEER REGISTRATION

Name: _____ Date of Birth: _____

Are you a US Citizen or Lawful Permanent Resident? Yes Prefer not to answer
(Volunteers without verified citizenship status are ineligible for Presidential Service Awards)

Mailing Address: _____

Email Address: _____ Phone: _____

How will you get to your volunteer site? Drive self Public transportation Ride with friend

Would you like reimbursement for your transportation expenses? Yes No

Emergency Contact: _____

Address & Phone: _____

Work Experience/Education: _____

Volunteer Experience: _____

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

What languages do you speak? _____ Ethnicity _____

What days and hours are you available to volunteer? _____

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

- | | | |
|---|--|---|
| <input type="checkbox"/> elementary school tutoring | <input type="checkbox"/> mentoring inmates | <input type="checkbox"/> driving veterans |
| <input type="checkbox"/> food distribution | <input type="checkbox"/> 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 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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CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGMENT FORM

TO BE USED BY ORGANIZATIONS CONDUCTING CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

Norfolk County RSVP is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Norfolk County RSVP to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Norfolk County RSVP written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

Norfolk County RSVP may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that Norfolk County RSVP must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

VOLUNTEER SIGNATURE

DATE



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SUBJECT INFORMATION: (A red asterisk (*) denotes a required field)

*LAST NAME (PLEASE PRINT) *FIRST NAME MIDDLE NAME SUFFIX

MAIDEN NAME (OR OTHER NAME(S) BY WHICH YOU HAVE BEEN KNOWN)

*DATE OF BIRTH PLACE OF BIRTH

*LAST SIX DIGITS OF YOUR SOCIAL SECURITY NUMBER: **XXX** - ____ - ____

SEX: _____ HEIGHT: ____ FT ____ IN EYE COLOR: _____ RACE: _____

MOTHER'S FULL MAIDEN NAME

FATHER'S FULL NAME

CURRENT AND FORMER ADDRESSES:

STREET NUMBER & NAME CITY/TOWN STATE ZIP

STREET NUMBER & NAME CITY/TOWN STATE ZIP

.....
RSVP STAFF ONLY

THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM(S) OF GOVERNMENT

ISSUE IDENTIFICATION: _____

VERIFIED BY: _____
NAME OF VERIFYING EMPLOYEE (PLEASE PRINT)

SIGNATURE OF VERIFYING EMPLOYEE



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DATE	VOLUNTEER ACTIVITY	HOURS	INKIND MEALS	MILES

Include total of both pages on front page.