



**AmeriCorps
Seniors**

RSVP Registration Form

330 E 100 S
Roosevelt, Utah 84066
435-722-4518



BASIN

ASSOCIATION OF GOVERNMENTS

RSVP

1 = Daggett County	
2 = Duchesne County	
3 = Uintah County	
Computer Entry:	
Date:	

Volunteer Information:

Name: _____
First MI Last

Address: _____
Street City State Zip Code

Phone: _____ Cell Phone: _____ E-Mail: _____

Emergency Contact:

Emergency Contact: _____ Phone: _____

Relationship: _____

Statistical Demographic Information:

Are you a veteran? Y / N Date of Birth: _____ Social Security: _____

Gender: M / F

Which ethnic group do you identify with? (Optional)

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Pacific Islander/Native Hawaiian | <input type="checkbox"/> African-American | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hispanic or Latino | | |

Physical/Medical Limitations/Disability: _____

How did you hear about RSVP? Friend Newspaper Staff Other

Photo Release:

When we have events we like to take pictures and use them for newsletters and marketing.

Initial: _____

Uniform Size:

All sizes will be in men's.

- Small Medium Large XL 2XL 3XL

Uintah

BASIN

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Volunteer Age Verification

Volunteer Name: _____

Verification type: _____ D.O.B: _____

Issue Date: _____ Expiration Date: _____

Number: _____ State: _____

By signing this form the parties agree that all information provided is true. This information will only be used to verify volunteer age for the Retired Senior Volunteer Program via Uintah Basin Association of Governments and cannot be used in any other matter.

Volunteer Signature _____ Date _____

RSVP Staff Signature _____ Date _____

**Waiver to conduct background check & Sex Offender check
RSVP Program**

**Qualifying Entity: Uintah Basin Association of Governments 722-4518
Address: 330 East 100 South; Roosevelt, UT 84066**

By signing this form, I authorize the BCI to access and review state and criminal history records and make reasonable efforts to determine whether I have been convicted of, or are under pending indictment for, a crime that bears upon my fitness to be employed or volunteer for a position of trust over children, vulnerable adults or persons with disabilities and convey that determination to the qualified entity. Also the UBAOG staff to conduct the NSOPR check for any sex offender crimes.

I do hereby release BCI, all persons, organizations, or government agencies, from any damages of, or resulting from, furnishing such information. The BCI shall make reasonable efforts to respond to the inquiry.

I have been provided with a copy of this form. I have read and understood the foregoing and my certification is true and correct to the best of my knowledge and belief.

Volunteer Signature

Date

Qualifying Entity Representative Signature

Date



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I hereby certify that I have never been convicted of murder as defined by 18 U.S.C. 1111.

Print:

Signature:

Date:

Utah

BASIN

ASSOCIATION OF GOVERNMENTS



Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize Uintah Basin Association of Governments to initiate automatic deposits to my account at the financial institution named below. I also authorize Uintah Basin Association of Governments to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Uintah Basin Association of Government's responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Uintah Basin Association of Governments receives written notice of the cancellation from me or my financial institution, or until I submit a new direct deposit form to the Finance Department.

Account Information

Name of Financial Institution: _____

Routing Number: _____ Checking Savings

Account Number: _____

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Jointly): _____ Date: _____

Please tape a voided check in this location

Code of Conduct & Ethics

Foster Grandparent / RSVP Volunteers must adopt a code of ethics that maintains a high standard of personal performance. In accepting the responsibility of serving children or serving the community effectively, certain guidelines must be followed.

- **Privileged information will be kept confidential.**
 - Do not discuss or reveal information that may be of a sensitive nature about a client, his/her family, the volunteer station, or the sponsor (UBAOG), outside of your assignment or in the community.
 - Do not discuss yours or other stipend or reimbursement checks with other volunteers.
- **Attitude & behavior toward service will be professional in manner.**
 - Do not gossip.
 - Maintain a cheerful positive attitude. Negativity is unacceptable in any aspect of your duties as a volunteer.
 - Report to your assignment on time or leave notice if you will be late or absent.
 - Dress appropriately for the assignment.
 - Neat and clean appearances are essential. You representing the Foster Grandparent & RSVP Programs and are setting an example for the children / clients and community, make sure it is positive.
 - Do not cause distraction for teachers, students, or clients by visiting or engaging in other distracting behavior.
 - Do not sleep while at your assignment. Again you are representing the program and setting an example for the children to follow.
- **A high level of personal integrity will be maintained.**
 - Be honest.
 - Abide by the Foster Grandparent / RSVP Program's guidelines.
 - DO YOUR BEST.

I have read the above Code of Conduct & Ethics and will follow the principles as outlined to the best of my ability as a condition of my service with the Uintah Basin Foster Grandparent / RSVP Program(s).

Volunteer Signature

Date