Rev. 1/26/2026

FOR OFFICE USE ONLY!
Station(s) _____
Assignment(s) _____
Date Assigned: ___/___/___
Computer Entry: ___/___/___
By:_____

AMERICORPS SENIORS KAUAI RSVP VOLUNTEER ENROLLMENT FORM

Please print and complete all sections. Forms with original signatures are required for enrollment.

Name_____**Birth Date**_____

Mailing Address_____**City**_____**Zip**_____

Phone_____**Cell Phone**_____**Email** _____

Are you a Veteran? Yes☐ No☐ **Physical/Medical Limitations**:_____

Have you ever been convicted of a criminal offense or misdemeanor? Yes☐ No☐
If Yes, please attach an explanation of charges, date of offense, and status of the charges on a separate sheet to be included with this application.

Driver's License #_____State_____Expiration Date_____

AmeriCorps Seniors Kauai RSVP provides a mileage reimbursement for travel between home and volunteer site to the volunteers if travel is more than 3 miles from home.
OPTIONAL: Will you be claiming a mileage reimbursement for travel to and from your volunteer location? **Yes**☐ **No**☐
If Yes, is a copy of your proof of auto insurance showing active coverage attached? Yes☐ **No**☐

As an AmeriCorps Seniors volunteer in RSVP, you will be covered by accident, personal liability, and excess automobile insurance plus a small death benefit while performing volunteer duties. This coverage is automatic and free of cost to you as long as you are an active, enrolled as an AmeriCorps Seniors volunteer in RSVP. Please provide the following information.

Emergency Contact_____**Phone**_____

Beneficiary for AmeriCorps Seniors RSVP Supplemental Accident Insurance:

Name_____**Relationship**_____

Address_____**Phone**_____

Employment Experience_____

Special Skills/Interests/Languages_____

Volunteer Experience (Current, Past, Preferred) _____

Days/Hours Available: Mon_☐_ Tues_☐_ Wed_☐_ Thu_☐_ Fri_☐_ Mornings_☐_ Afternoons_☐_

Please indicate if AmeriCorps Seniors Kauai RSVP may have permission to use your likeness?

☐ I hereby grant Kauai County RSVP permission to use my likeness in photograph(s)/video(s) in any and all of its publications or on the world wide web, whether now known or hereafter existing, controlled by AmeriCorps Seniors RSVP of Kauai County in perpetuity. I will make no monetary or other claim against AmeriCorps Seniors RSVP of Kauai County for the use of these photograph(s)/video(s).

☐ I do not give permission to use my likeness in photograph(s)/video(s) to Kauai County RSVP.

Certifications

By signing below, I acknowledge that I have read and understand the following statements:

- I hereby state that I am 55 years of age or older and offer my services as a volunteer for the Kauai County Retired & Senior Volunteer Program. I understand that I am not an employee of the AmeriCorps Seniors RSVP Project, the sponsor, County of Kauai, the volunteer station or the Federal Government and agree to serve without compensation.
- I understand that in my capacity as an AmeriCorps Seniors volunteers in RSVP I may come into contact with confidential information. I agree to protect this information to the best of my ability and not to disclose it during or after my service as a volunteer has ended.
- I understand that if I use my personal automobile in my volunteer service, I will arrange to keep in effect automobile liability insurance equal or greater to the minimum requirements of the state of Hawaii. I will also keep in effect a valid Hawaii Driver's license.

_____ _____

AmeriCorps Seniors Kauai RSVP Volunteer Signature **Date** **Staff Signature** **Date**

Equal Employment Agency -Kauai RSVP is an equal opportunity Agency. Enrollment is done without regard to race, color, religion, national origin, sex, age or disability. AmeriCorps RSVP provides reasonable accommodations to the known disabilities of individuals in compliance with the Americans with Disabilities Act. For accommodation information or if you need special accommodations to complete the application process, please contact Kauai RSVP at (808)241-4479

Return completed registration to:
(**Original Signatures Required on the Form)**

Kauai RSVP
Piikoi Building
4444 Rice St. Ste. 330
Lihue, HI 96766
808-241-4479

For Questions contact:
Andrea Alfiler
Kauai RSVP Director
aalfiler@kauai.gov
808-241-4483

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The following information is optional and will not affect your enrollment with Kauai RSVP

1. **Occasionally Kauai RSVP will purchase volunteer recognition gifts to a AmeriCorps Seniors volunteer. Please share the size you would use on each item below.**

Item	Size	Item	Size	Item	Size
Jacket		Vest		T-Shirt (Men's)	
Sweatshirt		Hat		T-Shirt (Women's)	

2. **Which show of appreciation would mean the most to you? (Check all that apply)**

Specially arranged meals ☐	Gifts ☐	Certificates ☐
Logo wear ☐	Being chosen as the volunteer of the month ☐	Being highlighted in the newsletter ☐
Other (Make suggestion)		

3. **AmeriCorps Seniors RSVP is often asked to provide demographical information pertaining to volunteers. Please provide the following information (Optional).**

Are you a Veteran? _____

Are you an active Military Member? _____

Are any of your family members actively serving in the military? Yes ☐ No ☐ If yes, which Branch: _____

(Optional) Sex:
☐ Male
☐ Female

(Optional) Race/Ethnic Background:
☐ White ☐ African-American ☐ Hispanic/Latino
☐ Native Hawaiian ☐ Pacific Islander
☐ American Indian/Alaska Native
☐ Asian-Check all that apply: ☐ Japanese, ☐ Korean, ☐ Filipino, ☐ Chinese, other:_____

Thank you for any information you have provided. Your information is **never** sold, shared, or used outside of Kauai RSVP, County of Kauai, or AmeriCorps Seniors RSVP.