

*For RSVP Office Use:* Volunteer No.:

Station No.:

**RETIRED AND SENIOR VOLUNTEER PROGRAM (RSVP)  
VOLUNTEER ENROLLMENT RECORD**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address, Apt. No. City, State, Zip

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Must be 55 years or older to enroll)

e-Mail Address: \_\_\_\_\_

Ethnic Group:  Caucasian  African-American  Hispanic  Native American/Alaskan Native  
 Asian, Pacific Islander  Other

Sex:  Male  Female Are you a Veteran?  Yes  No

Occupation before Retirement: \_\_\_\_\_

Volunteer Work Site: \_\_\_\_\_

Preferred Volunteer Assignment: \_\_\_\_\_

**Supplemental Auto Liability Insurance is provided by RSVP. Please complete:**

Driver's License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**RSVP provides Life Insurance (\$2,500). Please name a beneficiary:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_

Signature of RSVP Director: \_\_\_\_\_  
Ruth Phillips, RSVP Director

R.S.V.P. Central Office  
Ruth Phillips, Director  
P.O. Box 46 301 Louis Street  
Kingsport, TN 37662  
Phone: 246-6180 Ext. 3750

**ATTN: PLEASE COMPLETE BACK SIDE OF FORM, THANK YOU.**

**Jonesborough Senior Center-Volunteer Form (Jan. 2013)**

*Our volunteer program is to assist the center in helping participants maintain a healthy, satisfying and independent lifestyle. With the assistance of volunteers, the center's ability to meet the needs of our members is greatly enhanced.*

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_

*(Please Print)*

*Past experience, related training or skills* \_\_\_\_\_

**Talents or Hobbies** *(Please check ones that apply)*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Music                 | <input type="checkbox"/> Fund Raiser          | <input type="checkbox"/> Artist          |
| <input type="checkbox"/> Theater, Storytelling | <input type="checkbox"/> Finance              | <input type="checkbox"/> Knit or Crochet |
| <input type="checkbox"/> Travel                | <input type="checkbox"/> Computers/Technology | <input type="checkbox"/> Crafts          |
| <input type="checkbox"/> Gardening             | <input type="checkbox"/> Writing, Poetry      | <input type="checkbox"/> Sewing Arts     |
| <input type="checkbox"/> Nature                | <input type="checkbox"/> Other _____          |  |

*Organizations & Club participation* \_\_\_\_\_

\*\*\*\*\*

**VOLUNTEER OPPORTUNITIES**

*Please indicate which areas of service of which you would like to be involved. (Check all that apply) Please note these are general areas of service.*

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Van Driver             | <input type="checkbox"/> Homebound Meal Delivery  | <input type="checkbox"/> Quilter/Sewing          |
| <input type="checkbox"/> Educational Classes    | <input type="checkbox"/> Special Event Assistance | <input type="checkbox"/> Bingo Caller            |
| <input type="checkbox"/> Reception Desk/Greeter | <input type="checkbox"/> Newsletter Assembly      | <input type="checkbox"/> Computer Lab Instructor |
| <input type="checkbox"/> Marketing              | <input type="checkbox"/> Librarian                | <input type="checkbox"/> Program Leader          |
| <input type="checkbox"/> Craft Instructor       | <input type="checkbox"/> Grant Writer             | <input type="checkbox"/> Program Assistant       |
| <input type="checkbox"/> Data Entry             | <input type="checkbox"/> Music Program            | <input type="checkbox"/> Wellness Program Ass't  |
| <input type="checkbox"/> Kitchen Assistance     |   | <input type="checkbox"/> Theater/Storyteller     |

*Other* \_\_\_\_\_

*Are you currently a volunteer at the center?*     Yes     No    *If yes, please list your various positions.*

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

*Please indicate day/days of the week you are available:*     Monday     Tuesday     Wednesday     Thursday     Friday

*Please indicate time(s) of day are you available:*     Mornings     Afternoon

*Are you interested in volunteering on a:*     Regular Basis     Short Term Assignment

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**COMMUNITY VOLUNTEER SERVICE**

*For better record keeping for RSVP, please indicate the type of volunteer service you are currently involved in on behalf of the Jonesborough Senior Center with Organization Name & Contact Person.*

**\*\*Please note: Volunteering for family members does not qualify for volunteer hours per RSVP guidelines.**

- Nursing Home Visits \_\_\_\_\_
- Hospital Visits/Volunteer \_\_\_\_\_
- Veteran's Visits & Support \_\_\_\_\_
- Caregiver \_\_\_\_\_
- Homebound Meal Delivery \_\_\_\_\_
- Provide transportation \_\_\_\_\_
- Children/Student Service Volunteer \_\_\_\_\_
- Other \_\_\_\_\_

**Attn: Telephone Reassurance Calls do not qualify for volunteer hours per RSVP guidelines.**

**BE SURE BOTH SIDES OF FORM IS COMPLETED, THANK YOU!**

VOLUNTEERS INSURANCE SERVICE (VIS)®  
INSURANCE PROGRAM

It doesn't happen often, but when it does, the results can be serious...a volunteer is injured, or injures someone else, while performing his or her volunteer duties. One of the benefits of volunteering for this organization is that you are provided insurance protection in case these things happen to you. There are three kinds of coverage; check with your volunteer coordinator to see which coverages your organization has chosen to provide to you.

SUMMARY OF COVERAGES

I. Excess Accident Medical Coverage

This coverage is in excess of any other health insurance that you have in place. The excess accident medical coverage will pay up to \$50,000 for medical treatment, hospitalization and licensed nursing care required as the result of a covered accident. The insurance applies while you are traveling directly to and from, and while you are participating in, volunteer-related activities. **Initial medical expenses must be incurred within 60 days of the accident. Expenses are then covered for a one-year period following the accident.**

Dental care is covered up to \$500 per tooth for accidental injury to teeth and repair of dentures. Maximum benefit is \$900 per accident.

This coverage also provides up to \$50 for repair or replacement of eyeglass frames and up to \$50 for repair or replacement of eyeglass prescription lenses damaged as a result of a covered accident.

The maximum payment under this coverage, including dental and eyeglass expenses, is \$50,000.

**This insurance does not duplicate benefits payable under any other valid and collectible insurance coverage.**

*Accidental Death and Dismemberment Coverage* - In addition to the accident medical coverage, the plan will pay benefits for death or loss of limb or sight, occurring within one year as a result of a covered accident. See coverage details at [www.cimaworld.com](http://www.cimaworld.com).

*Exclusions to Accident Insurance* - A complete listing of the exclusions is detailed in the insurance policy. Please go to [www.cimaworld.com](http://www.cimaworld.com) for details.

II. Excess Volunteer Liability Insurance

All registered volunteers (collectively) of an organization are provided with excess volunteer liability insurance at a limit of \$1,000,000 per occurrence (subject to an annual aggregate for each named organization.) This policy provides protection if you are liable for bodily injury or property damage arising out of the performance of your duties. **This coverage is in excess of and noncontributing with any other valid and collectible insurance you may have.**

*Exclusions to Volunteer Liability Insurance* - A complete listing of the exclusions is included in the insurance policy details, which are available at [www.cimaworld.com](http://www.cimaworld.com).

III. Excess Automobile Liability Insurance

This coverage provides an extra layer of protection for you as a registered volunteer driver while performing your duties. This insurance applies only after your own insurance is exhausted, or the policy's retention has been exceeded. You are protected for bodily injury or property damage claims arising out of your activities (including driving directly between your home and your workstation).

The liability policy is written at a combined single limit (including both bodily injury and property damage) of \$500,000 each accident. This insurance is in excess of the lesser of:

- A. \$50,000 each accident
- B. an amount equal to the applicable limits of liability of any other collectible insurance; or
- C. an amount equal to the minimum limit of liability required under the motor vehicle financial responsibilities laws of the state in which the accident occurs.

It is important to remember that you must maintain your own auto liability coverage at least equal to the state-required minimums. Also, please remember that this coverage does not apply to any damage to your vehicle.

Exclusions to Excess Automobile Liability Insurance - A complete listing of the exclusions is in the policy details at [www.cimaworld.com](http://www.cimaworld.com).

#### IV. Commonly asked questions

- *My car was damaged in an accident while I was volunteering; will you cover my deductible for the repairs?*  
No. The coverage is for liability claims only. There is no coverage for damage to your car.
- *I have medical bills related to an accident while I was volunteering. Who do I send the bills to?*  
The accident medical plan pays in excess of any other health insurance coverage you have. Send all of the bills to your current health insurance company. If not everything is paid, follow the instructions below for filing a claim.
- *I see that the policy provides excess protection if I cause bodily injury or property damage. What if there is an allegation of sexual misconduct or sexual abuse?*  
The policy does not provide protection in the event of a criminal proceeding, but it may provide protection in the event of a civil proceeding. You would be entitled to a defense against an allegation of sexual abuse or sexual misconduct under the volunteer liability contract. However, the policy would not defend or indemnify you if you admitted wrongdoing, or if the allegations against you proved true.
- *How do I file a claim?*  
For any type of claim, you first need to see your volunteer coordinator. If you have an accident claim, you will need a "proof of loss" form (available at our Web site [www.cimaworld.com](http://www.cimaworld.com).) Both you and the coordinator must complete the form and send it to CIMA. Keep a copy for your records. Submit your bills to Medicare or any other existing insurance first. Once you have their "explanation of benefits" form(s), send those to CIMA at the address shown on this brochure, along with a copy of your "proof of loss" form. For a claim against you alleging that you caused bodily injury or property damage while volunteering, contact your volunteer coordinator immediately. Provide as much detail as possible about the incident, and obtain any police reports. Your coordinator will then pass this information to CIMA, along with a statement that you were volunteering at the time of the incident.

#### Further Questions?

Visit our Web site, [www.cimaworld.com](http://www.cimaworld.com). We have copies of the policies along with additional information concerning the extent and the limitations of these policies.

This brochure is for general description purposes only. It does not amend, modify or supplement any insurance policy. Consult the actual policy for details regarding terms, conditions, coverage, exclusions, products, services and programs which may be available to you.

#### About Volunteers Insurance Service:

This insurance program is provided by Volunteers Insurance Service Association, Inc. (VIS), a risk purchasing group formed and operating pursuant to the Liability Risk Retention Act of 1986 (15 USC 3901 et seq.). VIS's Articles of Incorporation, Financial Information, and a list of the members of VIS's Board of Directors are available to VIS Members upon request.

Plan administered by:

THE CIMA COMPANIES, INC.

2750 KILLARNEY DR., SUITE 202, WOODBRIDGE VA 22192

TELEPHONE 703.739.9300, 800.468.4200

FAX 703.739.0761

E-MAIL [Volunteers@cimaworld.com](mailto:Volunteers@cimaworld.com)

[WWW.CIMAWORLD.COM](http://WWW.CIMAWORLD.COM)