



# High Country RSVP (Retired Senior Volunteer Program) Membership Enrollment Form

1402 Blake Avenue  
Glenwood Springs, CO 81601  
Phone: (970) 947-8462  
Fax: (970) 947-8488  
eworrell@coloradomtn.edu

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Personal Information (All information on this application is completely confidential and protected)**

Name \_\_\_\_\_  Male  Female  
(first) (last)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

*Ethnicity (Optional)*

White  Hispanic  African American  Native American/Alaskan  Asian/Pacific Islander Mixed

Past occupation (if retired) \_\_\_\_\_

How did you first hear about RSVP  Newspaper  Presentation  Another Volunteer  
 Other (Please specify) \_\_\_\_\_

Have you served in the Armed Forces of the United States of America?  Yes  No

Do you have a family currently serving in the Armed Forces of the United States of America?  
 Yes  No

Have you ever been convicted of any offense (with the exception of a minor traffic violation)  
 Yes  No

Do you speak a second language?  Yes  No Please specify \_\_\_\_\_

How do you intend to get to your volunteer station  Drive self  Walk  Ride with someone

*By providing your driver's license information and car insurance company you will be covered by  
RSVP's FREE Excess Automobile Liability Insurance (when driving while you are volunteering).*

Drivers License # \_\_\_\_\_ Expiration \_\_\_\_/\_\_\_\_/\_\_\_\_

Auto Insurance Co. \_\_\_\_\_

You may decline RSVP's FREE Excess Volunteer Liability, Excess Accident Medical, and Excess  
Automobile Liability Insurance  I Accept  I Decline

I give my permission to use my likeness in photographs and videos to High Country RSVP.

I do **not** give my permission to use my likeness in photographs and videos to High Country RSVP.

Current employment Status:       Retired     Homemaker     Work Full Time     Work Part Time

Place of previous employment: \_\_\_\_\_

Place of current employment: \_\_\_\_\_

Are you currently volunteering?     Yes     No

If yes, please list where you are volunteering and describe the types of jobs:

1) \_\_\_\_\_ Job \_\_\_\_\_

2) \_\_\_\_\_ Job \_\_\_\_\_

3) \_\_\_\_\_ Job \_\_\_\_\_

Please list three of your skills or hobbies 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

I hereby declare the information provided in this application is true, correct, and complete to the best of my knowledge. I agree to volunteer my services through High Country RSVP (Retired Senior Volunteer Program) and to furnish information regarding my volunteer activities and hours.

If necessary, I authorize High Country RSVP to conduct a criminal background check and/or driving record check. I understand that if I use my personal automobile as transportation to and from my volunteer station, I will arrange to keep in effect automobile liability insurance equal to the minimum as required by the state of Colorado.

I understand that I am not an employee of High Country RSVP or our sponsor, Colorado Mountain College, and will not receive any compensation of any form. As a volunteer there is no entitlement to workers' compensation; unemployment benefits; or health, disability, retirement, medical insurance, vacation, sick leave, or any other benefits afforded to CMC employees.

As a volunteer I have no authority to bind Colorado Mountain College or enter into any contracts or agreements on behalf of CMC. As a volunteer, I agree to save, indemnify, and hold the College harmless to the extent permitted by law, from and against any and all claims, demands, suits, and actions of anyone not a party to this Agreement, including without limitation the volunteer for loss, injury, damage, or liability of any kind whatsoever arising directly or indirectly out of the volunteer's performance.

I understand that my placement in a volunteer position is conditional upon successfully completing the application, screening, and any training requirements. I agree to abide by the policies and standards set forth by High Country RSVP and to fulfill my volunteer assignments to the best of my ability. I accept that failure to do so may be due cause for cancellation of my appointment as an RSVP volunteer.

\_\_\_\_\_  
**RSVP Volunteer Signature**

\_\_\_\_\_  
**RSVP Volunteer Manager Signature**

**Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**RSVP has a wide variety of volunteer opportunities that we offer to seniors , age 55 and over, through Garfield County non-profit organizations. Please check all of the following activities or places that match your skills and interests.**

- |  |  |
|--|--|
| <input type="checkbox"/> AARP Driver Safety Class Instructor | <input type="checkbox"/> Museum Guide              |
| <input type="checkbox"/> Adult Day Care                      | <input type="checkbox"/> Newspaper Writer          |
| <input type="checkbox"/> Advisory Member                     | <input type="checkbox"/> Outdoor/Environment       |
| <input type="checkbox"/> American Red Cross                  | <input type="checkbox"/> One-time Special Event    |
| <input type="checkbox"/> Animal Care                         | <input type="checkbox"/> Program Organizer         |
| <input type="checkbox"/> Answering Phones                    | <input type="checkbox"/> Public Safety             |
| <input type="checkbox"/> Appliance Repairs                   | <input type="checkbox"/> Quilting                  |
| <input type="checkbox"/> Art/Painting                        | <input type="checkbox"/> Radio                     |
| <input type="checkbox"/> Bell Ringer                         | <input type="checkbox"/> Reading Tutor             |
| <input type="checkbox"/> Bingo Caller                        | <input type="checkbox"/> Recreation Aide           |
| <input type="checkbox"/> Bookkeeper                          | <input type="checkbox"/> Receptionist              |
| <input type="checkbox"/> Business Administrator              | <input type="checkbox"/> Red Cross                 |
| <input type="checkbox"/> Cashier                             | <input type="checkbox"/> RSVP Office Assistance    |
| <input type="checkbox"/> Child Care                          | <input type="checkbox"/> School Crossing Guard     |
| <input type="checkbox"/> Clerical                            | <input type="checkbox"/> Secretary                 |
| <input type="checkbox"/> Community Service Organization      | <input type="checkbox"/> Senior Center             |
| <input type="checkbox"/> Companionship Provider              | <input type="checkbox"/> Senior Nutrition Program  |
| <input type="checkbox"/> Computer Work/Instruction           | <input type="checkbox"/> Sewing                    |
| <input type="checkbox"/> Convalescent Center                 | <input type="checkbox"/> Sheriff's Auxiliary       |
| <input type="checkbox"/> Cook                                | <input type="checkbox"/> Special Events            |
| <input type="checkbox"/> Crime Prevention                    | <input type="checkbox"/> Storyteller               |
| <input type="checkbox"/> Courts                              | <input type="checkbox"/> Tax Consultant            |
| <input type="checkbox"/> Crafts                              | <input type="checkbox"/> Teach Educational Classes |
| <input type="checkbox"/> Entertainer                         | <input type="checkbox"/> Teacher's Aide            |
| <input type="checkbox"/> Food/Clothing Bank                  | <input type="checkbox"/> Tour Guide                |
| <input type="checkbox"/> Friendly Visitor                    |  |
| <input type="checkbox"/> Fund Raising                        |  |
| <input type="checkbox"/> History Projects                    | <input type="checkbox"/> Adults (21-59)            |
| <input type="checkbox"/> Homeless Shelter                    | <input type="checkbox"/> Adults (60+)              |
| <input type="checkbox"/> Hospice Care                        | <input type="checkbox"/> Infants (birth-2)         |
| <input type="checkbox"/> Hospital/Clinic                     | <input type="checkbox"/> Children (2-12)           |
| <input type="checkbox"/> Library Assistance                  | <input type="checkbox"/> Youth (13-20)             |
| <input type="checkbox"/> Meals on Wheels                     | <input type="checkbox"/> Mentally disabled         |
| <input type="checkbox"/> Medicare Counselor                  | <input type="checkbox"/> Physically disabled       |
| <input type="checkbox"/> Mentor Youth                        | <input type="checkbox"/> Developmentally disabled  |

**If you choose to be covered by our FREE Excess Medical and Liability Insurance, please provide the following information. If you prefer you can enter an ESTATE as beneficiary.**

Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**Emergency Contact**

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

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone ( \_\_\_\_\_ ) \_\_\_\_\_

**For Office Use Only:**

Enrollment entered into Volunteer Reporter database \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Volunteer Stations:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

# COLORADO MOUNTAIN COLLEGE

## ASSUMPTION OF RISK, WAIVER AND RELEASE FROM LIABILITY

1. Risks. I understand that all volunteer activities involve various risks, hazards and dangers, including risks of physical injury, disability, or death and risk of loss of use or damage to my personal property. I affirm and acknowledge that I have been sufficiently informed of and understand the inherent hazards and risks associated with any volunteer activity. I also understand that injury or loss may result from unknown or unexpected risks. These risks may result from the use of equipment, materials, or facilities owned by CMC or others; from the activity itself; from travel away from CMC campuses; from environmental conditions; from the acts or omissions of others; or from the unavailability of immediate emergency medical care.
2. Assumption of Risks. Knowing the risks, I HEREBY ASSUME ALL RISKS that may arise out of or result from any volunteer activity, including but not limited to the risks described above.
3. Release, Waiver, Indemnity. I HEREBY RELEASE, WAIVE, DISCHARGE, INDEMNIFY, DEFEND, HOLD HARMLESS, AND AGREE NOT TO SUE Colorado Mountain Junior College District, its Board of Trustees, officers, instructors, employees, agents, volunteers, and any students acting as leaders, organizers or employees, including High Country RSVP from , for, or against any liability, claim, demand, suit, or cause of action of any kind, for any property damage, loss or theft, personal injury, death, or disability, or other loss or expense of any kind arising out of or in connection with the Activity, except only for damage, injury, or loss caused by the gross negligence or willful misconduct of CMC or High Country RSVP.
4. Safety, Policies and Procedures. I understand that CMC and High Country RSVP takes reasonable efforts to make the Activity safe, but I also recognize that it is impossible for CMC or High Country RSVP to guarantee my safety, to fully protect me from harm or injury, or to guarantee that the Volunteer Activity will proceed exactly as planned. I understand and agree that safety is a shared responsibility, and as a participant, I have a duty to act with reasonable caution, to be observant of unsafe conditions, to report any unsafe conditions to CMC and High Country RSVP; and to follow all CMC and High Country RSVP safety and other rules, standards, and instructions for the Volunteer Activity.
5. Prerequisite Skills/Abilities. I affirm that I have the prerequisite skills, knowledge, and physical ability necessary to properly and safely participate in the Activity and to use the equipment and facilities involved in the activity. If I have any questions or concerns about my abilities to participate in the Activity safely, I will ask CMC and High Country RSVP staff.
6. Health and Medical Insurance. I certify that I have no medical or health-related problems which would preclude or restrict my participation in this Volunteer Activity. I acknowledge that I have been advised to consult with a doctor if I have any concerns about my ability to participate in this Volunteer Activity. I understand that CMC does not carry any insurance that would cover any injuries or losses I may suffer while participating in this Activity although High Country RSVP does carry limited volunteer insurance. I have read and understand the parameters of the High Country RSVP volunteer insurance. I acknowledge that I am solely responsible for any and all costs of medical treatment required by me or on my behalf, I agree to pay for such medical treatment, and I assume all risks of such medical treatment. I certify that I have my own health insurance in effect.
7. Consent for Emergency Treatment. In the event I am injured or become ill during the Activity, I authorize CMC and High Country RSVP to authorize or obtain appropriate medical care and treatment for me, to make medical decisions in my behalf, to place me in the care of a local medical doctor, or to place me in a hospital for any necessary medical treatment, all at my expense. Additionally, I have provided High Country RSVP with emergency contact information.
8. Binding Effect. I intend this Release to be fully binding on me and my heirs, successors, assigns, and personal representatives.
9. General Provisions. This Release shall be construed in accordance with the laws of Colorado. Venue for any legal action concerning this Release shall be in Colorado. If any term or provision of this Release is held illegal or unenforceable, all remaining provisions of this Release shall remain in full force and effect. I am not relying on any oral or written representation, statement, or promise other than what is set forth in this Release.
10. Acknowledgment. I have fully read and understand this Release and I agree to be bound by it. I realize it relates to surrendering and releasing valuable legal rights. I sign it knowingly and voluntarily and of my own free will.

I affirm that I am at least eighteen (18) years of age and fully competent to sign this Release.

High Country RSVP Volunteer: \_\_\_\_\_  
Name (Please print) Signature

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_