

VOLUNTEER BENEFITS

BENEFITS: As an RSVP volunteer, you are automatically covered by our insurance. This includes 1) Accident Insurance 2) Personal Liability Insurance and 3) Excess Automobile Insurance. You will be given a brochure explaining this coverage at the time of your recruitment. Please study it carefully! If you have an accident while volunteering, it is imperative that you or your station supervisor contact the RSVP office within 24 hours to file a report on your accident. Since you are covered by our insurance, we require that you use your seat belts when your automobile is in motion. Failure to do so may result in non coverage by our insurance carrier. A Volunteer Recognition Luncheon is held annually to recognize and thank our active volunteers for the efforts they put forth in serving the non-profit agencies and people of Brooke, Hancock, Ohio and Marshall Counties. In addition, you may learn job skills that you did not previously have. Volunteering is a great way to meet new people and make new friends. We hope that volunteering through RSVP will be an enjoyable experience for you. If you find that you do not like your assignment or at any time get tired of doing the same thing, PLEASE notify the RSVP office. We will make every attempt to place you with another station or find an assignment that will be more suitable to your liking. If, for any reason, you decide that you no longer wish to volunteer, please call our office before you quit so that we may find a replacement for your volunteer position.

I Understand (Please Initial)

BROOKE COUNTY COMMITTEE ON AGING VOLUNTEER CONFIDENTIALITY AGREEMENT

I understand that in the performance of my duties as a volunteer for the Brooke-Hancock-Ohio-Marshall RSVP Program, under sponsorship of the Brooke County Committee On Aging, I will have access to privileged information about the clients/volunteer stations I am serving, including medical, insurance, and other confidential/personal data. I agree to restrict my use of such information to the performance of my duties. I will not discuss any case or mention any client's/station's name, or otherwise reveal or disclose information pertaining to any client, except when in direct contact with other federal, state or local agencies, and then only for the purpose of assisting the client/station. I hereby acknowledge my obligation to respect the privacy and the confidentiality of the information pertaining to clients/volunteer stations and to exercise good faith and integrity in all dealings with the volunteer station(s) I serve, their clients and their personal information. I also understand that any unauthorized use or disclosure of information pertaining to a client or a volunteer station may result in my immediate suspension and/or dismissal and may subject me to civil liability for breaching the client's/station's right to privacy.

I Understand (Please Initial)

BROOKE COUNTY COMMITTEE ON AGING RETIRED & SENIOR VOLUNTEER PERMISSION FORM

I understand that my picture may be taken and published on behalf of the Retired and Senior Volunteer Program. I give my permission for the Retired & Senior Volunteer Program to publish my picture. I hereby acknowledge that some stations may require a background check and I give my permission.

Permission Given (Please Initial)

Volunteer Signature

Date

Agency Representative Signature

Date