



**RETIRED AND SENIOR VOLUNTEER PROGRAM
OF CLARK & MADISON COUNTIES**
Sponsored by United Senior Services
125 W. Main St, Springfield, OH 45502
937-324-5705

brossler@ussohio.org or mallender@ussohio.org

MEMBERSHIP REGISTRATION FORM

Name: (as on Driver's License) (First) _____ (Last) _____ (MI) _____

Prefer to be called: _____ Birth date: _____

Address: _____ City: _____ Zip: _____

E-mail: _____ Phone: _____ Cell: _____

Education/Work Experience: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____ Phone: _____

RSVP INSURANCE: We provide limited excess insurance coverage for you (personal accident, personal liability, small death benefit while volunteering). This coverage is automatic and free of cost to you as long as you are an active enrolled member of RSVP.

Insurance Beneficiary Name: _____ Relationship: _____

Phone: _____ Address: _____

Special Interests: Food Pantry, Soup Kitchens, Hospital services, Planning events, Fundraising, Tutoring or Mentoring, Office Work, Building Houses, Repair & Maintenance, Respite Service or Friendly visitor, Social activities, Volunteer Guardianship, Community Involvement, Transportation or Shuttle Driving, Other: _____

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

- I understand that I am not an employee of RSVP, United Senior Services, the volunteer station, or the Federal Government and agree to serve without compensation.
- I agree that if I use my personal automobile in my volunteer service, I will keep in effect automobile liability insurance equal to the minimum limits required by the State of Ohio. I will also keep in effect a valid OH driver's license. (# _____ State _____ Exp. Date _____)
- I understand that a National Sex Offender Public Website search will be made for my name and that membership in RSVP is contingent on satisfactory negative search results.

I DO DO NOT , give permission for my name, photograph and/or quotes to be used for promotional or informational purposes by RSVP. This permission can be withdrawn at any time by written/dated notification to RSVP.

Signed _____ Date _____

RSVP Staff Signature _____ Date _____

Continue on reverse side

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This program is available to all, without regard to race, color, national origin, gender, age, religion, sexual orientation, disability (including) and/or limited English language proficiency, gender identity or expression, political affiliation, marital or parental status, genetic information and military service. Reasonable accommodations will be provided to allow persons with disabilities to participate in programs and activities.

	RACIAL IDENTIFICATION
	African American/Black
	Asian/Asian American
	Native American or Alaska Native
	Native Hawaiian or Other Pacific Islander
	White/Caucasian (non Hispanic)
	Two or More Races
	I choose not to answer
	ETHNIC IDENTIFICATION
	Hispanic/Latinx
	Non Hispanic/Latinx
	I choose not to answer
	GENDER
	Female
	Male
	Gender Fluid/Does Not Identify as Male or Female
	I choose not to answer
	LGBTQIA+, Disability Community, Veteran/Military/Family Member
	Identify as a member of the LGBTQ community
	Do not identify as a member of the LGBTQ community
	I choose not to answer
	Identify as a member of the Disability community
	Does not identify as a member of the Disability community
	I choose not to answer
	I am a Veteran
	Not a Veteran
	I choose not to answer
	Any family members actively serving in the military? Y or N



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FOR MORE INFORMATION ON WHISTLEBLOWER PROTECTION, VISIT CNCISOIG.GOV.

Notice to Contractors and Grantees' Employees Whistleblower Rights and Remedies (41 U.S.C. § 4712)

Protected Disclosures

- As an employee of a CNCS grantee, contractor or subcontractor, you may not be discharged, demoted, or otherwise discriminated against for disclosing information that you reasonably believe is evidence of:
 - Gross mismanagement or waste of a Federal contract or grant,
 - An abuse of authority relating to a Federal contract or grant, (an arbitrary and capricious exercise of authority that is inconsistent with the mission of CNCS or the successful performance of a contract or grant of CNCS)
 - A substantial and specific danger to public health or safety, or
 - A violation of law, rule, or regulation related to a Federal contract or grant.

- You may disclose suspected wrongdoing to any of the following:
The CNCS Office of Inspector General (OIG),
 - A CNCS employee responsible for contract or grant oversight or management,
 - A management official or other employee of the contractor or grantee who has the responsibility to investigate, discover, or address misconduct, or
 - An authorized official of the Department of Justice or other law enforcement agency, a Member of Congress or a representative of a committee of Congress, or the Government Accountability Office.

Submitting Complaints

- If you believe you have been subjected to a reprisal for disclosing wrongdoing, you may submit a complaint to the CNCS OIG within three years of the date on which the alleged reprisal took place.

- You can find the procedures for submitting fraud, waste, abuse, and whistleblower complaints on the CNCS OIG Internet site at www.cncsoig.gov.

Agency Action on Your Complaint

- Not later than 30 days after receiving an IG report on your complaint that you were subject to reprisal for reporting wrongdoing, the CEO shall issue an order denying relief or shall take one or more of the following actions:
 - Order the grantee to take affirmative corrective action to stop the reprisal.
 - Order the grantee to reinstate you to the position that you previously held, together with compensatory damages (including back pay), employment benefits, and other terms and conditions of employment that would apply to you in that position if the reprisal had not been taken.
 - Order the grantee to pay you an amount equal to the aggregate amount of all costs and expenses (including attorneys' fees and expert witnesses' fees) that were reasonably incurred by you in connection with bringing the complaint, as determined by the CEO.

Your Right to go to Court

- If the CEO issues an order denying relief or has not issued an order within 210 days after the submission of your complaint:
 - All administrative remedies will be deemed exhausted, and
 - You may bring an action at law or equity against the grantee.

- Time Limit: You must go to court within two years of when any order was issued by the CEO, or within two years and 210 days after your complaint (if the CEO has not issued an order).