



Military Heritage Museum

900 WEST MARION AVENUE • PUNTA GORDA • FL 33950 • 941-575-9002 • WWW.MILITARYHERITAGEMUSEUM.ORG



**AmeriCorps
Seniors**

VOLUNTEER ENROLLMENT FORM

AmeriCorps Seniors RSVP (Retired and Senior Volunteer Program)

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

Name: _____ DOB: _____

Street Address: _____ City: _____ Zip: _____

Email: _____ Phone: _____

Are you 55 or older? Circle Yes No

Are you a Veteran? Circle Yes No

Branch of Service: _____ Dates of Service: _____

Service Connected Disability? Circle Yes No

Physical Limitations for Volunteering: _____

Are you a spouse or immediate family relative of a Veteran? Circle Yes No

Are you an active Military Member? Circle Yes No

Are any family members actively serving in the military? Circle Yes No

-(Optional) Gender: I choose not to state _____

Male _____

Female _____

-(Optional) Race/Ethnic Background: I choose not to state _____

White _____ Asian _____ African-American _____ Hispanic/Latino

American Indian/Alaska Native _____ Pacific Islander _____ Other _____

2) Have you ever been convicted of a Criminal offense? Circle Yes No

If yes please attach an explanation of the offense, dates of occurrence and status of the charges on a separate sheet.

This form supersedes the separate MHM Volunteer Form and the AmeriCorps Volunteer Form from 1 February 2023 forward.



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3) Benefits

If you are 55 or older you will be enrolled as an AmeriCorps Volunteer. As an AmeriCorps Volunteer you will be covered by accident, personal liability and some limited auto 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 volunteer, enrolled in the AmeriCorps RSVP. Please provide the following information.

Emergency Contact Name _____ Phone _____

Beneficiary for AmeriCorps RSVP Supplemental Insurance

Name _____ Relationship _____

Address _____ Phone _____

4) Scheduling Information – Please indicate sections you would like to support and day and time available. Please circle as applicable:

- Flight Simulator
- Virtual Reality and Indoor Laser Range
- Learning Center
- Museum Gift Shop – The Ship Store
- Gallery Guide (Docent)
- Special Events in the Gulf Theater (Parking, Ushers, Concessions Sales)
- Weekend Events - History Camps, STEM Camps, etc.

Days and Times Available. Please Circle preferred days and times:

- | | | |
|-------------|-----------------|---------------|
| - Tuesday | - 10 AM to 1 PM | - 1 PM to 4PM |
| - Wednesday | - 10 AM to 1 PM | - 1 PM to 4PM |
| - Thursday | - 10 AM to 1 PM | - 1 PM to 4PM |
| - Friday | - 10 AM to 1 PM | - 1 PM to 4PM |
| - Saturday | - 10 AM to 1 PM | - 1 PM to 4PM |

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5) Please indicate if you are willing to allow the Museum to use your likeness in photos, videos or recordings. Please check one:

I hereby grant the Military Heritage Museum and AmeriCorps RSVP program permission to use my likeness in Photographs, Videos, or Recordings in any and all of its publications or on our website and associated internet sites whether known now or hereafter existing controlled by AmeriCorps Seniors RSVP of the Military Heritage Museum in perpetuity. I will make no monetary or other claim against the AmeriCorps RSVP or Military Heritage Museum for the use of this media.

I do not give my permission the use my likeness in any form of multi-media

6) OPTIONAL - Only complete this section if you are volunteering to drive Museum Vehicles

Driver's License # _____ State _____ Expiration Date _____

AmeriCorps Seniors RSVP provides a mileage reimbursement for travel between home and volunteer site to the volunteers for events off the Museum grounds.

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 _____

7a) 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 Military Heritage Museum Retired Senior Volunteer Program. I understand that I am not an employee of the AmeriCorps Seniors RSVP Project, the sponsor, Military Heritage Museum, 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 Florida. I will also keep in effect a valid Florida Driver's license.

AmeriCorps Seniors Volunteer Signature	Date	Staff Signature	Date
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7b) By signing below, I acknowledge that I have read and understand the following statements:

- I hereby state that I am not 55 years of age or older and intend to support the museum with my volunteer hours but not in the capacity of an AmeriCorps RSVP Volunteer.

AmeriCorps Seniors Volunteer Signature

Date

Staff Signature

Date

Please contact Larry Keller, Volunteer Services Coordinator, with any questions at 941-205-8547 or lkeller@militaryheritagemuseum.org.

Thank you for any information you have provided. Your information is never sold, shared, or used outside of AmeriCorps Seniors RSVP, Military Heritage Museum government or AmeriCorps Seniors.

Snow Bird? _____

When? _____

If a Veteran, please complete this section:

Branch of Service: _____ Years of Service: _____

What occupation(s) did you have in the military? _____

What kind of civilian jobs have you had?