



Giving Children a Home

Dear Sewing Society,

It is procedure at St. Joseph Children's Home that all volunteers age 55+ are enrolled in the Retired @ Senior Volunteer Program (RSVP). There is no fee to participate. One of the benefits of being enrolled in this program is that you are provided insurance protection in case you are injured or injure someone else while performing volunteer duties.

Please see the attached volunteer application form, RSVP fact sheet, and Volunteers Insurance Services information.

Please submit the attached form **to the address on the application.**

For questions about RSVP, please contact:

Tina Murphy

RSVP, Volunteer Coordinator

701 W. Ormsby Avenue, Suite 201

Louisville, KY 40203

502.574.7305

Fax/502.574.4229

Thank you,

Christina Miller, M.S.

Volunteer Coordinator and Community Outreach

christinam@sjkids.org

P: 502.893.0241, Ext. 279

F: 502.896.2394





RSVP - Retired & Senior Volunteer Program
 Department of Community Service & Revitalization – Office for Aging & Disabled Citizens
 810 Barret Avenue, 3rd Fl. Louisville, KY 40204
 (502) 574-1530 FAX# (502) 574-5548
www.louisvilleky.gov/csr



VOLUNTEER APPLICATION FORM

Circle
 (Mr. Mrs. Ms.) _____ Date of Birth _____
 Address _____ City _____ State _____
 Zip Code _____ E-mail Address: _____
 Home Ph: _____ Cell Ph: _____ Other contact #: _____
 Source of referral to RSVP: ___ newspaper ___ presentation at group meeting, ___ TV/radio,
 ___ family ___ another volunteer ___ Other (Please specify) _____

Louisville Metro RSVP members are expected to volunteer on a "regular" basis – preferably weekly or monthly. I am available to volunteer: ___ AM ___ Midday ___ Afternoon ___ Evening ___ Late Night
 ___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri. ___ Sat. ___ Sun. ___ Special projects/events

Are you interested in helping in one of these priority need volunteer areas:
 ___ Services to Veterans & families ___ Tutoring/Mentoring (K-8) ___ Ecological/Energy Stewardship
 ___ Self-sufficiency/Healthy Futures (for seniors and children) ___ (Home) Economics/Thrift Stores
 ___ I'm interested in another area(s): Please name: _____

What is the highest formal grade level you have completed? _____
 Your Trade specialty(s) or Degree Major (s) _____
 Are you a service veteran? ___ Yes ___ No (Army, Navy, Air Force, Marine, Coast Guard, National Guard - *Thank you!*)
 Your life's special skills/interests: i.e., other languages, practical experience, hobbies, previous volunteer experience, etc. _____

Have you ever been fined or convicted for violation of a law? () No () Yes (If yes, explain)

Your primary physician _____ Phone No. _____

Are there work conditions that need to be considered in matching you with some positions?(Avoiding steps, long periods of standing/sitting, visual/audio needs, etc.) _____

_____ (RSVP is ADA compliant in working with network agencies to offer a variety of locations/opportunities.)

In case of emergency, notify (Mr. Mrs. Ms.) _____

Relationship _____ Phone No. _____

Address: _____ Other Phone # _____

I plan to primarily use this type of transportation: () Drive myself () TARC () TARC 3 () WHEELS
() ride with someone () walk () Other _____

____ I need help with the expenses of travel to and from my service site(s). (IF cost is a real obstacle to service. Mileage reimbursement may be available dependent on budget availability and primarily focused on meeting priority need areas. Volunteers will be provided with the reimbursement policies and the proper form per mode of transportation according to volunteer's primary choice above.)

Official picture ID or Driver's license # _____ Exp. date _____

Driving RSVP Volunteers are required to maintain a valid driver's license for inclusion in free insurance.

Auto Insurance Carrier: _____, Policy # _____

Driving RSVP Volunteers must carry a primary liability insurance with at least minimum amount required by Kentucky law while driving during volunteer duties.

I name the following person as my beneficiary of the accidental life insurance provided by this program:

(Mr., Mrs., Ms.) _____ Relationship: _____

Address: _____ Phone No. _____

Your current employment status: ___ Retired ___ Homemaker ___ Work part-time ___ Work full time

If working now, where? _____ OR retired from _____

Your last job title there: _____

RSVP Assignments as of this date:

Station #1 St. Joseph Children's Home _____ Position ___ Sewing/Quilting _____

Station #2 _____ Position _____

Station #3 _____ Position _____

I agree to abide by the rules and regulations of RSVP. I agree to serve as a volunteer without compensation or wages. I also understand that my continued membership is based upon RSVP/qualifying agency's verification of subsequent, acceptable volunteer service behavior and performance. I hereby declare the information provided by me in this application is true, correct and complete to the best of my knowledge.

Enrollee Signature: _____ Date: _____

RSVP Interviewer: _____ Date: _____

Application Approved: _____ Date: _____

Application Denied: _____ : Date: _____

Comments: _____



Vol. Works # _____ E Code _____ ADA _____ HOW _____

Louisville Metro RSVP

(Retired & Senior Volunteer Program)

810 Barret Avenue, 3rd Floor

Louisville, KY 40204

(502) 574-1530 FAX: (502) 574-5548



FACT SHEET

RSVP is funded by the Corporation for National Service Senior Corps (CNCS) to encourage adults age 55 and over to become volunteers, to recognize and support them as they have positive impact on critical local and national needs. **RSVP** has been supporting the senior volunteers of Jefferson County, KY since 1973. **RSVP's** sponsor is the Louisville Metro Department of Community Service and Revitalization (CSR), as a program of the Office for Aging & Disabled Citizens (OADC).

RSVP works with a diverse network of not-for profits who welcome applications from our recruited senior adults. In addition, **RSVP** wants to help you make the most of your time and energy. The following categories hold the *most urgent* Louisville Metro community needs:

Education Healthy Futures Economic Opportunity
Veterans & Military Families Disaster Services Environmental Stewardship

RSVP partner agencies need volunteers to attack these issues in new ways... or have a tried and true way but just need MORE help! Please ask for the listing of sites and current positions in urgent need of your helping heart and hands.

Your caring help can be the turning point! What you know or can do may be the key!

RSVP currently has over 600 local volunteers generously serving at 60+ locations on an annual basis. Their donations of time (over 110,000 hrs.) and talents have an annual market value of over \$2 million dollars in impact for the Louisville Metro community!

RSVP Membership is easy: Apply at any age 55 and up, agree to serve *regularly*, complete your orientations, perform your position as your chosen site requires and assist in reporting your completed hours each month. Some assignments require background checks and/or TB tests.

RSVP's FREE BENEFITS:

- One-stop "shopping" and personal matching for a volunteer position
- FREE secondary accident & liability insurance coverage while performing duties (CIMA Brochure provided upon enrollment) and some transportation reimbursement as budget is available
- Recognition efforts and opportunities to advance to leadership roles
- Invitations to social and training opportunities
- Inclusion in national and local impact statements on senior volunteers, newsletters

Call **574-1530** or go to
www.louisvilleky.gov/csr/oadc



**OFFICE FOR AGING/
DISABLED CITIZENS**

A Division of Community Services and Revitalization



Coverage for good.™

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.

Exclusions to Accident Insurance - A complete listing of the exclusions is detailed in the insurance policy. Please go to 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.

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

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) 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. 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

WWW.CIMAWORLD.COM