

# RSVP

Lead With Experience

## Get Involved

### City of Belen Mid-Rio Grande RSVP

*"Impacting Lives and Communities"*

100 S. Main St.

Belen, NM 87002

Telephone: (505)966-2567 FAX: (505)966-2567

Today's Date: \_\_\_\_\_

Updated: \_\_\_\_\_

**Upon registration for Mid-Rio Grande RSVP there will be a back ground check on all volunteers.**

### Volunteer Enrollment Form

(Please print in blue or black ink)

Please bring or mail this form to the Belen RSVP office.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Date Year

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

TDD#: \_\_\_\_\_ Email: \_\_\_\_\_

#### **Emergency Contact (required):**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

#### **Designation of Beneficiary for free RSVP Insurance (required):**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

#### **Used for statistical purposes only — please:**

##### **Ethnicity:**

Caucasian

African-American

Hispanic

Native American/Alaskan

Asian, Pacific Islander

Other

**Gender:**  Male  Female

**Are you a Veteran?**  Yes  No

**RSVP**  
Lead With Experience

How did you hear about RSVP? \_\_\_\_\_

What was your past employment/occupation?  
\_\_\_\_\_

**Transportation**

Type: [ ] Personal Car [ ] Public Transportation Other \_\_\_\_\_

I understand that if I use my own automobile in my volunteer service, I will keep in effect automobile liability insurance that meets or exceeds the minimum required by the State of New Mexico. \_\_\_\_\_  
(Initial)

You must furnish a copy of your insurance and in by January 31 of each year you must show a new copy of up to date insurance card. \_\_\_\_\_

Do you wish to be reimbursed upon traveling to the volunteer site? [ ] Yes [ ] No

Languages spoken other than English: \_\_\_\_\_

Physical/Medical Limitations: \_\_\_\_\_

Are you currently volunteering? [ ] Yes [ ] No If yes, Where?  
\_\_\_\_\_

Previous volunteer experience \_\_\_\_\_  
\_\_\_\_\_

What do you expect to learn from being a volunteer?  
\_\_\_\_\_

Are you interested in volunteering for one time special events? [ ] Yes [ ] No

Which Kind? \_\_\_\_\_

I, (your name) \_\_\_\_\_, volunteer my services, through the City of Been Mid-Rio Grande RSVP, and understand that I am not an employee of RSVP or the City of Belen. I also understand that I will not be an employee of the volunteer station in which I will be placed. I will notify RSVP immediately if any information on this registration changes.

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Volunteer Site Manager: \_\_\_\_\_ Date: \_\_\_\_\_



**Retired Senior Volunteer Program (RSVP)  
Excess Auto Liability Insurance Waiver  
Volunteer Certification**

I, \_\_\_\_\_, (Name of volunteer) do hereby certify that I maintain liability insurance on my own personal vehicle which I drive to and from my place of assignment as a RSVP volunteer.

I understand that in order to be eligible for the excess auto liability protection and volunteer travel reimbursement I need to maintain liability insurance on my own vehicle, as required by New Mexico State Law.

Volunteer's Drivers License #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
RSVP Staff



Coverage for good.®

## Volunteers Insurance Service Association, Inc. (VIS®)

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### Message To Volunteers

Each volunteer is eligible for three kinds of insurance. These policies provide coverage for you while participating in community service as a volunteer.

The insurance policy certificates are held by the organization for which you volunteer. This is not a substitute for any insurance you may now carry, and only applies while you are performing your assignment as a volunteer in the program .

It is highly appropriate that the satisfaction and appreciation you experience as a volunteer be supported by the comfort of knowing you have some help in the event of an accident.

This guide describes the insurance coverages provided you as a volunteer. The coverage becomes effective at the time of your formal enrollment in the volunteer program.

Complete information regarding the insurance coverages is available from the organization for which you volunteer. The insurance program is administered by The CIMA Companies, Inc.

All three plans described herein are offered to your organization. However, not all organizations elect to cover their volunteers under all plans. Please check to see which coverages your organization is providing for you.

**This is a brief overview of policy provisions, benefits, and exclusions and limitations. Only the policy provides complete information and governs the terms of coverage provided. You may request a copy of the policy from The CIMA Companies, Inc.**

## **SUMMARY OF COVERAGES**

### **I. Accident Insurance**

#### **Excess Accident Medical Coverages**

QBE Insurance Corporation is the underwriting company for the accident insurance.

This coverage will pay up to \$50,000 for covered medical treatment, hospitalization and licensed nursing care required as the result of a covered accident. Benefits are payable for injuries which result directly from an accident, and independently of all other causes, while coverage is in effect. The insurance applies while the volunteer is traveling directly to and from, and while participating in, volunteer assignments. Initial medical expenses must be incurred within 60 days of the accident. Expenses are then covered for a one-year period following the accident, up to \$50,000.

Dental care is covered up to \$500 per tooth for accidental injury to sound, natural teeth and repair of dentures. Maximum benefit per accident is \$900.

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 total of payments under this coverage, including dental and eyeglass expenses, is \$50,000.

Benefits are payable for eligible expenses that are in excess of benefits paid to the volunteer by any other health care plan. In the event no other health insurance exists, benefits will be payable on a primary basis.

Additional eligible accident medical expenses are as follows:

*In-patient Hospital Services:* room and board; hospital miscellaneous charges including X-rays, lab work, physiotherapy, nursing services and ambulance service from the accident to the hospital.

*Physician Services:* surgery, use of surgical facilities, second opinions, anesthesia and its administration, in-hospital or office visits.

*Out-patient Services:* emergency room treatment, X-rays and laboratory tests, physiotherapy (acupuncture, microthermy, adjustment, manipulation, diathermy, massage therapy, heat treatment and ultrasonic treatment).

*Medical Equipment, Services and Supplies:* prescription drugs; rental of a wheelchair or other equipment necessary for the appropriate treatment of a covered person that has received prior approval by the insurance company.

## **Legal Defense Under Excess Automobile Liability Coverage**

Under the Excess Automobile Liability Insurance coverage, the insurer has no obligation to defend unless and until it is determined that the insured must pay damages in excess of the retained limit. Should any automobile claim appear likely to exceed the retained limit, no loss expenses or legal expenses shall be incurred on the insurance company's behalf without the company's prior consent.

## **How To File an Accidental Bodily Injury Claim**

If a volunteer incurs an accidental bodily injury during their volunteer assignment, you must fully complete a Proof of Loss Form (<http://www.cimaworld.com/wp-content/uploads/2012/07/universal-claim-form.pdf>) to register the claim. It is the responsibility of the organization to complete Part I and the volunteer will complete Part II. We do not require original documents, so please email or fax the form to Joan Wankmiller, [jwankmiller@cimaworld.com](mailto:jwankmiller@cimaworld.com), fax: 703.778.7356 or Vicki Brooks, [vbrooks@cimaworld.com](mailto:vbrooks@cimaworld.com), fax: 703.778.7351.

## **How To File a Volunteer Liability Claim or an Excess Automobile Liability Claim**

If the sponsoring organization is advised by a volunteer of a liability claim, the organization is responsible for advising CIMA immediately. CIMA should be provided with written notice containing, all details of the claim – volunteer name, place and circumstances, including the names and contact information for witnesses and the injured. The information can be emailed to Joan Wankmiller, [jwankmiller@cimaworld.com](mailto:jwankmiller@cimaworld.com), fax: 703.778.7356 or Vicki Brooks, [vbrooks@cimaworld.com](mailto:vbrooks@cimaworld.com), fax: 703.778.7351.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

**SEXUAL ABUSE AND SEXUAL MOLESTATION ENDORSEMENT**

This endorsement modifies insurance provided under the following:

VOLUNTEERS INSURANCE SERVICE COMBINED EXCESS LIABILITY POLICY

We will investigate and defend any insured against allegations of sexual abuse or sexual molestation; provided that, our duty to investigate and defend shall end at such time as:

1. The insured pleads or is adjudged guilty in a criminal trial or proceeding of conduct which is the subject of such allegations;
2. The insured accepts liability or is adjudged liable in a civil trial or proceeding for damages arising out of conduct which is the subject of such allegations; or
3. The insured admits in any context to having engaged in conduct which is the subject of such allegations.

Exclusions:

The defense obligation provided by this endorsement shall not apply to:

- Allegations of criminal conduct committed by the insured, including any associated criminal investigation, indictment trial or other criminal process.
- Any actual, alleged or threatened physical abuse or sexual molestation or any combination of these, of any person if the first incident of such abuse or molestation to that person by the same, or allegedly the same insured or insureds occurred prior to the effective date of this endorsement.