

## How Often Do Volunteers Work?

You can volunteer as much or as little as you want. Opportunities to serve increase during the summer when road construction and outdoor events affect RTC RIDE service. It is also the time of year when service changes occur. Volunteers will be scheduled between the hours of 7:00 AM and 7:00 PM, seven days a week. You can work two to eight hours per week. You will need to walk around, across, and through the property assisting passengers.

## Tip Team Rewards

TIP Team volunteers receive an orientation to the program which includes:

- Instruction on customer service skills
- How to use the Bus Book
- An agreement will be completed
- Copies of the RTC RIDE Bus Book
- An official TIP Team Vest

To thank you for volunteering, TIP Team members receive free rides on RTC public transit. Serve just 20 hours a month and travel free for a full month on RTC RIDE.

The **RTC Transit Information Provider** program is presented in partnership with:



Sanford Center  
for Aging  
University of Nevada, Reno  
Retired and Senior  
Volunteer Program



## Public Transportation. Streets and Highways. Planning.

The Regional Transportation Commission's services to the region involve much more than just great buses and public transportation services. The RTC is the community-driven regional organization that plans for, provides for, and cares about current and future transportation and mobility needs.

**rtcwashoe.com**  
**348-RIDE**

## TRANSIT INFORMATION PROVIDERS

## Become a Volunteer!



## RTC Transit Information Providers

are volunteers who help others use public transportation. They work as a team during special events and service changes and answer questions about RTC RIDE.

### What Do Volunteers Do?

- Provide information to passengers at RTC CITICENTER
- Greet customers and create a pleasant experience for people using public transportation
- Support effective customer relations
- Submit weekly summaries to TIP Program Coordinator

### Who Can Join the TIP Team?

RTC Transit Information Providers can be anyone with an interest in helping others. Volunteers need to be:

- Personable and friendly
- Enthusiastic
- Interested in helping people from all parts of the community
- Familiar with RTC RIDE – or willing to learn about the service

### Apply Today!

Public transportation provides greater freedom, opportunity and choice for everyone. More than 8.8 million people benefited from RTC RIDE services during the past year.

## Volunteer Application

RTC Transit Information Providers are volunteers who help others use public transportation. They work as a team during special events and service changes and answer questions about RTC RIDE. TIP Team members need to be personable and friendly, enthusiastic, interested in helping people from all parts of the community, and familiar with RTC RIDE or willing to learn about the service. Please complete this application and mail or fax to:

Mario Trinidad, RTC Passenger Services Supervisor, PO Box 30002; Reno, NV 89520; FAX: (775) 348-3293; Phone: (775) 332-9512; email: mtrinidad@rtcwashoe.com

NAME	EMAIL
ADDRESS	CITY/ZIP
DAY PHONE	EVENING PHONE
HOW LONG HAVE YOU USED RTC RIDE (FORMERLY CITIFARE)?	ROUTES USED MOST OFTEN:
HOW DID YOU LEARN ABOUT THIS PROGRAM? <input type="checkbox"/> RTC CITICENTER <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> RTC MEETING / PRESENTATION <input type="checkbox"/> OTHER (Please specify):	

WHEN ARE YOU AVAILABLE TO WORK? Please check all that apply. Partial shifts are available.

MONDAY	<input type="checkbox"/> 7 AM - 11 AM	<input type="checkbox"/> 11 AM - 3 PM	<input type="checkbox"/> 3 PM - 7 PM
TUESDAY	<input type="checkbox"/> 7 AM - 11 AM	<input type="checkbox"/> 11 AM - 3 PM	<input type="checkbox"/> 3 PM - 7 PM
WEDNESDAY	<input type="checkbox"/> 7 AM - 11 AM	<input type="checkbox"/> 11 AM - 3 PM	<input type="checkbox"/> 3 PM - 7 PM
THURSDAY	<input type="checkbox"/> 7 AM - 11 AM	<input type="checkbox"/> 11 AM - 3 PM	<input type="checkbox"/> 3 PM - 7 PM
FRIDAY	<input type="checkbox"/> 7 AM - 11 AM	<input type="checkbox"/> 11 AM - 3 PM	<input type="checkbox"/> 3 PM - 7 PM
SATURDAY	<input type="checkbox"/> 7 AM - 11 AM	<input type="checkbox"/> 11 AM - 3 PM	<input type="checkbox"/> 3 PM - 7 PM
SUNDAY	<input type="checkbox"/> 7 AM - 11 AM	<input type="checkbox"/> 11 AM - 3 PM	<input type="checkbox"/> 3 PM - 7 PM

HOW WOULD YOU TRAVEL TO RTC CITICENTER?

<input type="checkbox"/> RTC RIDE	<input type="checkbox"/> CAR
<input type="checkbox"/> RTC SIERRA SPIRIT	<input type="checkbox"/> BICYCLE
<input type="checkbox"/> RTC INTERCITY	<input type="checkbox"/> _____
<input type="checkbox"/> WALK	

PLEASE TELL US WHY YOU WOULD LIKE TO BECOME A TRANSPORTATION INFORMATION PROVIDER FOR RTC.


ANYTHING ELSE YOU WOULD LIKE TO LET US KNOW ABOUT YOU?




**RSVP Volunteer Registration Form**

\*Please print and complete front and back.

Today's Date: \_\_\_/\_\_\_/20\_\_\_

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

Birth Date: \_\_\_/\_\_\_/19\_\_\_

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

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

Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_/\_\_\_/20\_\_\_

SS #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Required for background check and volunteer reimbursement)

Ethnicity: Caucasian \_\_\_\_\_ African American \_\_\_\_\_ Asian \_\_\_\_\_  
Hispanic \_\_\_\_\_ Native American \_\_\_\_\_ Other (please specify) \_\_\_\_\_

Transportation: Car/ride \_\_\_\_\_ Public Transportation \_\_\_\_\_

Emergency Contact: _____	Phone: (____) _____
Relationship: _____	

Should any physical condition be taken into consideration in arranging your assignment?  
Yes \_\_\_ No \_\_\_ If yes, please specify: \_\_\_\_\_

Previous occupation/profession: \_\_\_\_\_

Education/training: \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

Volunteer Interests/Hobbies: \_\_\_\_\_

Days & Times Available (please circle all that apply): AM PM M T W TH F SAT SUN

How did you hear about RSVP? T.V. \_\_\_\_\_ Newspaper \_\_\_\_\_ Staff \_\_\_\_\_  
Friend \_\_\_\_\_ RSVP Site \_\_\_\_\_ Other \_\_\_\_\_

I have been informed of elder abuse guidelines \_\_\_\_\_. **Please initial.**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	
Background investigation cleared (date): _____	
Station(s) assigned: _____	
Date Assigned: _____	Date Interviewed: _____
Comments: _____	
_____	
_____	

**Sanford Center for Aging**  
Retired and Senior Volunteer Program  
University of Nevada, Reno/0146  
Reno, NV 89557-0146  
(775) 784-1807  
(775) 327-5015 fax  
rsvp@unr.edu  
[www.unr.edu/sanford](http://www.unr.edu/sanford)

**As part of the Retired and Senior Volunteer Program, what would you like to do?**

(Please check all that apply)

- Senior Outreach Services companion (visiting, prescription pick-up, take shopping/do errands, transport to doctors, reading, writing, playing games, emotional support, church functions, phone calls, sharing a skill or craft, etc.)
- General Clerical (open, date stamp, and sort mail; stuff envelopes; answer phones; make copies; type; file; update records/files; follow-up calls; scheduling; etc.)
- Computer work (word processing; data entry)
- Hospital; Clinic; Convalescent Center
- Work with children/youth (schools, museums, clubs)
- Tour guide/docent
- Library services
- Gift and/or Thrift shop
- Commodities (food distribution)
- Driver
- City, County, State Agencies and Departments
- Literacy
- Other (please specify) \_\_\_\_\_

**X** I, \_\_\_\_\_ volunteer my services through the RSVP of Washoe County, and understand that I am not an employee of the University of Nevada, Reno, nor the Volunteer Station in which I am placed. I further understand that RSVP will, if I should need it, reimburse 35 cents per mile of documented mileage, not to exceed 50 miles per month. Signed volunteer report and mileage report are to be submitted to RSVP office the fifth of every month.

Photo Release Signature X: \_\_\_\_\_

I hereby grant permission to the University of Nevada, Reno to use my photograph in any official university publication without further consideration, and I acknowledge the university's right to crop or treat the display of the photograph at its discretion.

**X** \_\_\_\_\_ / \_\_\_\_ / 20\_\_\_\_  
Signature of Volunteer Date

**X** \_\_\_\_\_ / \_\_\_\_ / 20\_\_\_\_  
Signature of RSVP Director Date

**Designation of Beneficiary**  
(RSVP Accident Insurance)

**X** Name: \_\_\_\_\_

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

Senior Volunteer Automobile Insurance

**X** I, \_\_\_\_\_, Senior Volunteer, understand that if I use my personal vehicle in my volunteer service, I will arrange to keep in effect Auto Liability Insurance equal to the minimum amounts required by the State of Nevada.

Nevada Insurance Requirement

Agent **X** \_\_\_\_\_

\$15,000 Single Injury

\$30,000 More Than One Injury

\$10,000 Property Damage

Company **X** \_\_\_\_\_

**X** \_\_\_\_\_  
Signature of Volunteer