



VOLUNTEER APPLICATION

Last Name: _____ **First Name:** _____ **DOB:** ___/___/___

Address: _____ **City:** _____ **Zip:** _____

County: _____ **Neighborhood:** _____

Email Address: _____

Preferred Contact Phone Number: (____) _____ **Is this [home] [cell] [work]?**

Are you a Veteran or currently serving in the military? Yes _____ No _____ **Gender:** _____

Congregation (if applicable): _____

Languages Written/Spoken: _____ **Ethnicity:** _____

Emergency Contact:

Name _____ **Phone** _____ **Relation:** _____

(Friend, Son, Spouse, etc)

Type of Volunteer:

Driver		Minor Home Repair		Friendly Visitor		Ambassador Council	
Van Driver		Minor Yard Work		Telephone Reassurance		Community Outreach Council	
Office Volunteer		Food Delivery (RR/PF)		Special Events		Scheduler/Transportation	
Marketing Projects		Fundraising		Pet Program (NC)		Congregational Committee (SA)	
Grant Writing		Board Member		Newsletter		Other:	

Volunteer Availability: (If your schedule varies, or you prefer to not be called for drives, you may leave this section blank.)

SUNDAY	from: _____	to: _____	Weekend Driver Only _____
MONDAY	from: _____	to: _____	
TUESDAY	from: _____	to: _____	
WEDNESDAY	from: _____	to: _____	
THURSDAY	from: _____	to: _____	
FRIDAY	from: _____	to: _____	
SATURDAY	from: _____	to: _____	

Vehicle Make: _____ **Model:** _____ **Year:** _____ **Is it Large/Tall?** _____

TX DL #: _____ **Auto Insurance Co:** _____ **Policy #** _____

How do you prefer to be assigned to drives? Please select ONE.

- _____ I will use the online system, and I also don't mind being called to see if I can take rides.
- _____ I will use the online system only. Please do not call me.
- _____ I do not use e-mail and only wish to be called.

Would you like to be informed of last-minute one-way rides? Yes _____ No _____

When providing a service, will there be children with you that require volunteer credit? Yes _____ No _____

Name _____	Date of Birth _____
Name _____	Date of Birth _____
Name _____	Date of Birth _____
Name _____	Date of Birth _____

Will any adults be accompanying you? Yes _____ No _____ **Name & Relation:** _____

List two people that are NOT family that we may call for reference:

Name: _____ Phone: _____
Name: _____ Phone: _____

I am a smoker: Yes ___ NO ___ I am willing to drive a smoker: Yes ___ No ___
(Clients are not allowed to smoke on rides, but may smell of cigarettes)

Have you ever been ARRESTED/CONVICTED? _____ IF YES, please explain: (A conviction may not disqualify you; however, failure to fully disclose all information will. For minor traffic violations, simply write "traffic.")

(Pet Program –North Central only) Are you allergic to dogs? ___ Are you allergic to cats? ___

Occupation (or past occupation): _____

Current Employer/Company: _____

Does your employer offer volunteer incentives (charitable giving/time off)? If so, what incentives?

General Interests, Hobbies, Skills _____

How did you hear about us? _____

Do you have any physical conditions that may limit your activities? Yes ___ No ___ If yes, please describe:

Why do you want to volunteer with Drive a Senior? _____

Signature of Applicant

Date

Print Name of Applicant

DAS Office Use Training ___/___/___ Activated ___/___/___ Photo ___ BG ___ DL ___ AR ___ CC/Email ___
Name Tag ___ Ref #1 ___ Ref #2 ___ USER ID _____ Other _____ Initials ___



CODE OF ETHICS

Confidentiality

It is important for all volunteers to respect the confidentiality of care recipients and/or their families at all times. Unauthorized release of information violates a client's privacy. There should be no discussion of care recipient's names, addresses or any other information without express written permission by the care recipient, or except in direct contact with another member of Drive a Senior.

No persons should share information gained through their association with Drive a Senior with anyone not authorized by Drive a Senior to have access to such information.

Conflict of Interest

A conflict of interest arises when an activity impacts a volunteer or staff person's ability to act in an ethical or responsible manner. Therefore:

- Individuals associated with Drive a Senior are not permitted to accept any money, gifts or entertainment from persons receiving services. However, such items can be donated to the agency by care recipients if they so wish.
- Individuals associated with Drive a Senior are not permitted to use care recipients as customers, for example; selling cosmetics, insurance, or other goods and/or services to the client.
- Engaging in any practice that violates any federal, state or local law.

In the event a volunteer is involved in any of the above situations, or any other potential conflict of interest, disclosure should be made to the Drive a Senior Volunteer Coordinator.

Driver's License and Liability Insurance Information

It is the responsibility of each Drive a Senior volunteer to provide current and/or updated driver's license and/or liability insurance information to the agency should any changes in such information occur.

I indicate by my signature that I agree to all of the above.

Signature

Date



Drive a Senior
Volunteers In Motion

AUTHORIZATION / CONSENT FOR
CRIMINAL BACKGROUND HISTORY CHECK AND
DRIVERS LICENSE CHECK

Every Staff or Adult Volunteer with Drive a Senior must sign an authorization form giving approval for Drive a Senior to perform a criminal background search, and a Driver’s License check.



“I give Drive a Senior my permission to obtain information relating to my criminal history record. The Criminal History record will include conviction data.

I understand that this information will be used in part to determine my eligibility for an employment or volunteer position with this organization.

I understand that as long as I remain an employee or volunteer here, the Criminal History records check may be repeated at any time.

I understand that upon my request I will have an opportunity to review my Criminal History report and that a procedure is available for clarification, if I dispute the record as reviewed.”

I understand that it is my responsibility to keep my car insurance current and in force at all times, as long as I am a volunteer driver for Drive a Senior.

I also understand that a Driver’s License Check is also being run.

Signature of Applicant

Date Signed

Print Name of Applicant