



McMinn Senior Activity Center
MyRide McMinn
205 McMinn Ave
Athens, TN 37303
423-745-6830
myridemcminn@mcminnseniors.com

Thank you for your interest in becoming a MyRide McMinn Volunteer Driver. We are excited to have you as part of our Volunteer Driver team!

MyRide McMinn is a volunteer senior transportation program for older adults 60 years of age and older. We provide door-through-door transportation for essential trips. The program helps older adults who can walk on their own or with assistance from a walker or cane. As a volunteer driver, you will use your own vehicle to transport these seniors on their trips.

The key feature of MyRide McMinn, and the reason for its sustainability, is the support of volunteers like you. The number of volunteers we have greatly influence the number of older adults that can be served. Volunteers are asked to commit three (3) hours per month to drive an older adult on an essential trip within your county. Additional time is encouraged but not required. Our schedules are flexible and you, as a driver, can choose which trips you wish to take.

Insurance and liability issues for those who volunteer, are an understandable concern. Insurance rates are based on the miles driven, not who rides in the vehicle, so there is no impact on driver's insurance rates. The volunteer's auto insurance is always primary. In addition, MyRide has purchased excess auto, medical and liability insurance for all volunteers. Finally, both state and federal volunteer protection laws offer another layer of safety for volunteers. Volunteers will also be thoroughly screened, background checked and trained prior to transporting any seniors.

MyRide McMinn is more than rides, it is about enhancing our community by harnessing the power of volunteers to honor and support older adults.

Sincerely,

Diane Hutsell

Transportation Coordinator
MyRide McMinn
(423) 745-6830

Volunteer Driver Application



This application will be used to establish your eligibility as a volunteer for the McMinn Senior Activity Center MyRide McMinn Program. The information you provide helps us assure you, this organization, and the public that the highest standards of safety and accountability are maintained. We appreciate your cooperation and interest in assisting our program. Return the completed form by mail or in person to McMinn Senior Activity Center C/O MyRide McMinn, 205 McMinn Ave, Athens, TN 37303.

Contact Information

Legal Name:		Date of Birth:	
Address:		Grp/Org:	
City:		State:	
County:		Ethnicity:	
Email:		Gender:	
Home:		Work:	
Driver License #:		Exp. Date:	
State Issued:		SSN (Background Check):	
Auto Insurance #:		Insurance Provider:	
Exp. Date:			

Vehicle Information

Make:		Model:		Year:	
Reg. Exp. Date:		Color:		# Passengers:	
License Plate: #				State:	
Vehicle Size:	Car	Small SUV	Mid-Size SUV	Large SUV	Van Truck
Is your vehicle considered tall?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Availability

Day	A.M.	P.M	Hours Available That Day (3 hrs min)
Monday:			
Tuesday:			
Wednesday:			
Thursday:			
Friday:			
Available for Short Notice Appointments?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of any crime?			<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes, Please Explain:

Note: Conviction of a crime is not an automatic disqualification for volunteering.

Have you ever been convicted during the last 10 years of driving while intoxicated or under the influence of drugs? If yes, please explain (date, charge, jurisdiction, etc.) Yes No

Indicate all moving violations or citations (other than parking) that you have been convicted of, forfeited bail, or paid any fines for during the past 3 years. Please give full details, including dates below. If more space is needed, use a sperate sheet.

1. Date:	Location (City & State):	Conviction:
2. Date:	Location (City & State):	Conviction:

List all motor vehicle accidents of any type or cause that you, either as owner or operator, have been involved in during the last 5 years.

#1	Date:	Time:	Driver:	Violation:
	Who was at fault?		Bodily injury? Y N	Damage? Y N
	Description:			
#2	Date:	Time:	Driver:	Violation:
	Who was at fault?		Bodily injury? Y N	Damage? Y N
	Description:			

References:

Please list one person who knows you well and can speak to your character, skills, and dependability. This person may be contacted and it is important that they respond to the call. Please inform them.

Name:	Phone:	Time Known:

Emergency Contact:

Name:	Phone:	Relationship:

I understand that this is an application for and not a commitment or promise to provide an opportunity to volunteer. I further understand that by submitting this application I am consenting to the completion of criminal history and driving records checks on myself. I hereby agree to release and hold harmless from liability any person or organization that provides information and the McMinn Senior Activity Center. I certify that I have and will provide information throughout the selection process, including on this application and in interviews that is true, correct, and complete to the best of my knowledge. I certify that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by the MSAC. I understand that misrepresentation or omissions may be cause for my immediate denial as an applicant for a volunteer position with the MSAC or my termination as a volunteer.

Signature

Date