



Lifespan
 1900 Clinton Avenue South
 Rochester, NY 14618

Volunteer Driver Application Form

Date: _____

Name _____

Address _____

City / State/ Zip _____

Phone: (H) _____ **(W)** _____ **(C)** _____

Email _____ **Bilingual?** _____ (Which language?) _____

_____ I am 55, or older, and would like to be enrolled in the Retired and Senior Volunteer Program [RSVP] (Please ask for a brochure.)

Emergency Contact / phone number _____

Are you currently employed? Yes ___ No ___ **Employer** _____

How did you hear about the Volunteer Transportation Corps

Other volunteer activities _____

Availability to Volunteer:

Mon ___ ___ Tues ___ ___ Wed ___ ___ Thurs ___ ___ Fri ___ ___ Weekends ___
 AM PM AM PM AM PM AM PM AM PM

Put me on a on call list _____

General Health: Please list medical conditions that may restrict your work as a driver:

 (This information does not necessarily disqualify you from becoming a volunteer.)

Do you wear glasses or contact lenses, while driving? Yes ___ No ___

Do you wear a hearing aid? Yes ___ No ___

I understand that this information may be shared confidentially with a volunteer transportation agency provider, within the limitations of the HIPAA act, and give my permission.

Signature _____

Do you have a current, valid driver's license? _____ Expiration date _____

(Please submit a copy to Lifespan.)

We will submit your license for DMV review (validity, violations). Your signature indicates your acceptance of this.

Signature _____

I understand that if I use my personal automobile in my volunteer service, I am required to keep in effect automobile liability insurance equal to the minimum limits required by New York State. (Please submit a copy of your insurance card to Lifespan.)

Signature _____

I hereby declare the information given by me in the volunteer application is true, correct and complete to the best of my knowledge. While serving as a volunteer with the *Volunteer Transportation Corps* coordinated by LIFESPAN, I understand that all information regarding clients (obtained while driving, or in any other way) is to be held in the strictest confidence. I authorize contact of listed references.

Signature _____ **Date** _____

References:

Name: _____ Name: _____

Address _____ Address _____

Phone/email _____ Phone/email _____

Relationship _____ Relationship _____

Our funders often request demographic information of our volunteers. Please answer the following **OPTIONAL** questions:

Ethnicity: White _____ (not Hispanic) American Indian/Alaska Native _____
Black _____ (not Hispanic) Hispanic _____ Asian/Pacific Islander _____

Household Income Level: Less than \$15,000 _____ \$15,000 - \$24,000 _____
\$25,000 - \$44,999 \$45,000 - \$74,000 \$75,000 or greater

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For office use only:

Interview Date _____

Interviewed by _____

Program Referral _____

Program Placement _____

Acceptance Date _____

Copy of License _____ Copy of Insurance Card _____

Orientation/Training Date _____