

# RMFTB Volunteer Driver Application

*\*Denotes Required Field*

<b>Personal Information</b>	
*Name:	*Date of Birth:
*Legal Name if different than above:	
*Address:	
*City:	*Zip:
Mailing Address if different than above:	
City:	Zip:
*Home Phone:	*Cell Phone:
*Best time to call:	
*Email Address:	
*Do you speak a language other than English? :	
*Are you currently working full-time, working part-time, retired, or looking for work? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Retired <input type="checkbox"/> Looking for employment <input type="checkbox"/> Other _____	
*Present/Past Employer:	
*Have you completed any Defensive Driving Classes? (for example: 55 Alive or AAA):	
*How did you hear about our program?	
<b>Emergency Contact</b>	
*Contact Name:	*Phone:
*Relationship to yourself:	
<b>Personal Character Reference</b>	
*Name:	*Relationship to you:
*Address:	
*City:	*Zip:
*Phone:	*Best time to call:
*How long have they known you?	

### Days/Times Available

Please enter your availability in the boxes below for the days of the week you would be interested in driving. We are flexible. This just helps give us an idea of your availability.

**MONDAY:**     Morning     Afternoon     Evening     Other

**TUESDAY:**     Morning     Afternoon     Evening     Other

**WEDNESDAY:**     Morning     Afternoon     Evening     Other

**THURSDAY:**     Morning     Afternoon     Evening     Other

**FRIDAY:**     Morning     Afternoon     Evening     Other

\*How many rides per week are you willing to provide? (Please note that most rides take three to four hours of your time.)

\*Are you willing to take a folding wheelchair?

\*Are there any limitations on where you are willing to drive clients?

### Driving Record

\*In the past 3 years, have you been involved as a driver in an automobile accident? If yes, please explain:

\*In the past 3 years have you received a moving violation? If yes, please explain:

\*Have you been convicted of any of the following in the last 10 years: eluding a police vehicle, reckless (negligent) driving, vehicular assault/homicide, a hit & run felony, more than one accident in a 3 year period, driving while intoxicated or under the influence of drugs? If yes, please explain:

### Vehicle Information

\*Year:                      Make:                                      Model:                                      Color:

Vehicle License #:                                      \*How long have you had a driver's license:

\*Driver's License Number:                                      \*Expiration Date:

\*Have you ever had your driver's license suspended, revoked or refused? If yes, please explain:

<b>Insurance Information</b> <i>(insert insurance requirements here)</i>	
*Automobile Insurance Company:	
*Expiration or renewal date for policy (month and year):	
*Bodily injury coverage amount:	*Medical/personal injury coverage amount:
*Property damage coverage amount:	*Underinsured coverage amount:
*Has an insurance company ever refused, cancelled, non-renewed or given notice of intention to non-renew automobile insurance to you? If yes, please explain:	

By signing this document, you agree to the following:

- I will maintain the same insurance levels I have designated on this form.
- I will always be courteous and respectful when representing RMFTB.
- I will conduct myself with dignity, courtesy, and consideration.
- I will receive reimbursement for mileage and parking but not gas or any other expenses you incur.
- I realize, since I am a volunteer, I do not receive payment for my time. Furthermore, I will not accept tips or request that my meals be paid by passengers.
- As a volunteer driver, I will not make derogatory or discriminatory remarks to or about passengers because of race, color, creed, religion, national origin, sex, disability, age, marital status, or status with regard to public assistance.
- I will not impose my religious beliefs or lecture passengers.
- I realize that sexual harassment or contact with passengers is illegal, inappropriate and not allowed.
- I will not use alcoholic beverages or mood altering drugs while serving as a volunteer driver.
- I will be punctual in the performance of my duties.
- I understand I must respect the privacy rights of the passengers I serve. I understand that personal, medical, psychiatric and financial information is private non-public data.
- There will be ongoing evaluations of the effectiveness of volunteers to ensure that volunteer services are being delivered consistent with program expectations, safety considerations, and the needs of the individual(s) served.

\_\_\_\_\_  
Volunteer Name (Printed)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (from RMFTB)