



VOLUNTEER DRIVER APPLICATION

This application will be used to establish your eligibility as a volunteer driver for our Programs. The information you provide helps assure you, this organization, and the public that the highest standards of safety and accountability are maintained. We appreciate your cooperation and interest in our volunteer driver program. Please return the completed application to schedule an interview.

Date: _____ Name: _____
(Please print)

Present Address: _____

Previous Address (if less than 3 years at current address): _____

Second Language: _____ E-mail: _____

Phone: _____ Cell Phone: _____

Date of Birth: _____
(Volunteer must be at least 21 years old. Volunteers over 65 are asked to provide a physician's note verifying fitness to drive)

- We will provide the car, gas and insurance.
- Flexible Schedules with no long-term commitment.
- Opportunity to help people in your own community.
- Free Defensive Driving Program, which may help lower your own car insurance.

Previous volunteer experience: _____

Occupation: _____ Work #: _____

Please mark days and times you are available to drive.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
evening							

The program currently offers rides during a limited schedule between the hours of 8-4 Mondays-Fridays. Most shifts involve several rides that last for 4 hours. Flexibility is appreciated.

How many hours are you willing to volunteer per week? _____

Emergency Contact:

Name: _____ Relationship: _____

Phone: _____

References: (required)

Name _____ Name _____ Name _____

Town _____ Town _____ Town _____

Phone _____ Phone _____ Phone _____

How did you hear about our Volunteer Driver Program? _____

SS#: _____ Driver's License #: _____

******I hereby verify the above information is correct. I agree to abide by the policies and procedures of the program. I will notify Meadowlink of any restrictions on my license or traffic violations.******

Signature

Date

Disclosure Statement and Authorization:

I authorize MEADOWLINK to make lawful inquiries, including to my prior employers, and other entities and persons to verify my suitability for this volunteer opportunity. This may include requests for information regarding my criminal, civil, drug and alcohol testing and motor vehicle records. I authorize the release of this information by any prior employer and anyone else having information or documentation about me to Meadowlink. I release my employer(s) and all other persons from any liability for supplying such information and/or documentation. I agree that so long as I remain associated with Meadowlink, this Disclosure and Authorization shall remain in effect; accordingly it shall not be necessary for me to sign a new Disclosure and Authorization.

Signature

Date