

Date: _____

Volunteer #: _____

COMMUNITY CARS – VOLUNTEER DRIVER APPLICATION

This application will be used to establish your eligibility as a volunteer driver for the Community Cars Program. 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.

Name: _____

Present Address: _____

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

Second language: _____ E-mail: _____

Phone: _____ Cell Phone: _____

DOB: _____ SS# : _____

Driver's License #: _____

All volunteer drivers are required to have valid personal automobile insurance coverage and must carry automobile liability insurance in the amount in excess of or equal to the minimum required by NJ State Law. CarShare, Inc. will provide separate coverage while driving the **ez ride**™ cars.

Please attach copies of your driver's license and insurance card.

Insurance Company: _____ Policy #: _____

Has an insurance company ever refused, cancelled or non-renewed insurance? ___yes ___no

Explanation: _____

Any change in information here must be promptly reported to us.

Have you notified your insurance company about volunteering? _____

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 will initially offer rides during a limited schedule between the hours of 9-5 on Mondays-Fridays. Most shifts will involve several riders and last 2-4 hours. Rides will be provided according to the availability of volunteers. Flexibility will be appreciated and commitment rewarded.

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

Have you ever been convicted of a crime? Yes _____ No _____

Explain if needed: _____

I hereby verify that the above information is correct.

I give permission to do a criminal background check using my SS#.

I agree to abide by the policies and procedures of the program.

I will notify Meadowlink of any restrictions on my license or traffic tickets.

Signed: _____

REFERENCES:

(required)

Name _____ Name _____ Name _____

Town _____ Town _____ Town _____

Phone _____ Phone _____ Phone _____

Notify in an emergency: _____ Phone _____

How did you hear about the senior mobility program? _____

