



# Area 1 Agency on Aging

## Volunteer Driver Application

### PERSONAL INFORMATION

<b>Name</b>		
<b>Home Address</b>		
<b>Mailing Address</b>		
<b>Email</b>		
<b>Phone (s)</b>	Landline:	Cellular:
<b>Emergency Contact</b>	Name:	Phone:
<b>Required Data*</b>	<i>In order to comply with federal requirements, we need your date of birth, your cultural identity, your gender, and participation in past or current military service.</i>	
<b>Demographic</b>	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander or Native <input type="checkbox"/> Hawaiian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Other	
<b>Birthdate</b>	____ / ____ / ____	<b>Gender:</b> F ____ M ____
<b>Military Service</b>	Yes ____ / Years of service ____ No ____	

### OTHER

<b>How did you hear about the Volunteer Driver Program?</b>	<input type="checkbox"/> Telephone book <input type="checkbox"/> Newspaper <input type="checkbox"/> School <input type="checkbox"/> Brochure <input type="checkbox"/> Radio <input type="checkbox"/> Workplace <input type="checkbox"/> Presentation <input type="checkbox"/> Special event <input type="checkbox"/> TV <input type="checkbox"/> Friend* <input type="checkbox"/> Website* <input type="checkbox"/> Other*		
	*Name of referral: _____		
<b>Able to transport mobility devices?</b>	Wheelchair Yes ____ No ____      Walker Yes ____ No ____		

**PLEASE COMPLETE AND SIGN THE OTHER SIDE**

**Please fill out the following sections to complete your enrollment.**

## INSURANCE

Area 1 Agency on Aging provides volunteer drivers excess automobile liability when driving their own vehicle, accident, and personal liability insurance going to and from the volunteer site and while volunteering, at no cost to the volunteer. Included in the policy is a survivor clause in the amount of \$2,500, in the event that an accident during your volunteer service results in your death. Please designate a beneficiary below.

Beneficiary's name \_\_\_\_\_

Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

## MILEAGE REIMBURSEMENT

The Volunteer Driver Program provides limited travel reimbursement to and from your volunteer job site at 50 cents per mile per month. You will receive your reimbursement when expenses reach or exceed \$10. To receive travel reimbursement, you must submit a volunteer timesheet monthly. Timesheets are due by the 5<sup>th</sup> of the month for volunteer hours completed in the previous month. Mileage reimbursement is optional and may be donated in-kind to the program by marking the appropriate boxes on the timesheet.

## AGREEMENTS AND SIGNATURE

**Photo Release:** By initialing here \_\_\_\_\_, I give my permission for any photograph of myself, obtained during volunteer activities, to be used in informational material for the Area 1 Agency on Aging, Volunteer Center of the Redwoods, and their associated programs.

I understand that completing this application does not guarantee me a volunteer position.

I understand I must have a clear criminal background check in order to volunteer and I am entitled to receive a copy of the findings. I am also entitled to challenge any adverse findings in my background check.

I hereby consent to the California DMV furnishing any and all information with respect to my driving history, including but not limited to any and all violations of law, to the Area 1 Agency on Aging, on a periodic basis as determined by the Area 1 Agency on Aging.

My signature on this application confirms that all the above information is true.

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

\_\_\_\_\_  
**Date**

## FOR OFFICIAL USE ONLY

Recruit Date:

A.R. \_\_\_\_ Email \_\_\_\_ Roster \_\_\_\_

STAFF SIGNATURE:

DATE:

**In Humboldt County:**  
434 7<sup>th</sup> St. ♦ Eureka CA 95501  
(707) 442-3763 ♦ FAX (707) 442-3714  
email: [vdp@a1aa.org](mailto:vdp@a1aa.org)

**In Del Norte County:**  
1765 Northcrest Drive ♦ Crescent City CA 95531  
(707) 464-7876 ♦ FAX (707) 464-7877  
email: [vdp@a1aa.org](mailto:vdp@a1aa.org)

[www.a1aa.org](http://www.a1aa.org)

**Programs of the Area 1 Agency on Aging**

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