

MyRide West Tennessee: Volunteer Application

Date of Application: _____ Male Female Gender Neutral

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____ Phone: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Special Interests and/or hobbies: _____

Are you a veteran of the United States Armed Forces? _____ Preferred Pronoun? _____

Please check the following services you are willing to provide: Check all that apply

<input type="checkbox"/> Drive to Medical Appointment	<input type="checkbox"/> Drive to Shopping/Pharmacy
<input type="checkbox"/> Drive to Community Event	<input type="checkbox"/> Drive to Spiritual Event/Service
<input type="checkbox"/> Office Work	<input type="checkbox"/> Be An Escort

Please indicate your approximate availability: If specific times please list

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>
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Type of Vehicle: Car Truck SUV Mini Van Other _____

Driver License Number: _____ State Issued: _____ Date Expires: _____

Insurance Provider: _____ Policy Number: _____ Date Expires: _____

Have you had any accidents, speeding tickets or other moving violations in the past five years? Yes No
If Yes, please explain: _____

Do you have any pet or other severe food allergies? Yes No If Yes, what allergy? _____

How did you learn about our volunteer program?

- | | | |
|--|---|---|
| <input type="checkbox"/> Friend in Program | <input type="checkbox"/> Family Member in Program | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Flyer | <input type="checkbox"/> Website (Which one?) | <input type="checkbox"/> Community Event (Which one?) |
| <input type="checkbox"/> Other (Please explain.) _____ | | |

Please read and sign both the Confidentiality and Volunteer Agreements on the second page.

Volunteer Assisted Transportation

Confidentially Agreement

As a volunteer for the MyRide West TN program, you may have access to certain information concerning the participants of that program. This information may include, but is not limited to, personal, medical, social, or business-related data. Such information is strictly confidential and must not be disclosed to any person outside of MyRide West TN without prior written consent of the participant. By signing this agreement, you agree to abide by this restriction while you are an active volunteer and after your volunteer service has ended.

Please acknowledge your acceptance of this agreement by signing below where indicated:

Signature of Volunteer

Date

Volunteer Agreement of Understanding

As a volunteer for the MyRide West TN volunteer assisted transportation program, it has been fully explained that you may not accept any gift, purchase any item, or sell anything to a participant. By signing this agreement, you agree to abide by these restrictions while you are an active volunteer and after your service has ended.

Please acknowledge your acceptance of this agreement by signing below where indicated:

Signature of Volunteer

Date

Please complete the Volunteer Application on the first page.