



## Senior Rides Volunteer Application

Name of applicant

Mailing address

Physical address (if different than mailing)

Email address

Preferred phone

text ok Alt phone

text ok

Emergency contact information

Name

Relationship to you

Address

Phone

Email

Your employer

Occupation

Work phone

Okay to call you at work?

Yes

No

Emergency only

**The following information is required for background check**

Social Security Number

Additional addresses - other than your current address - where you've lived within the last five years (if any)

Aliases used (i.e. maiden name)

Two **personal references** (*not family members*) Please provide complete mailing address, as references may be verified by phone or mail.

Name

Phone

Address

How do you know this person?

Number of years known

Name

Phone

Address

How do you know this person?

Number of years known

Would you consider volunteering on a weekend?      Yes      No

Notes:

Would you consider volunteering in the evening?      Yes      No

Notes:

In which months are you available to volunteer?

Year –round	January	February	March	April	May	June
July	August	September	October	November	December	

Other availability preferences/notes

In which geographic areas are you willing to volunteer?

City of Grand Marais	Gunflint Trail	West End (Lutsen/Tofte/Schroeder)
East End (Croftville/Hovland)	Grand Portage	

Do you have any physical restrictions? (i.e. weight bearing limits, mobility issues, etc.)

Are you a U.S. Veteran?      Yes—Branch:      No

Do you know a language other than English?      Yes—Language/s:      No

Education/special training

Previous volunteer experience

Previous experience with older adults

What personal qualities/strengths will you bring to your volunteer work with older adults?

May we contact you regarding emergency (last-minute) rides?      Yes      No

May we contact you regarding rides to Duluth?      Yes      No

Do you have a Commercial Driver’s License (CDL)?      Yes      No      If yes:      Class A      Class B      Class C

Make/model of your vehicle

                 SUV      Van      Truck      Sedan      4WD/AWD?      Yes      No

I certify that I currently carry auto insured through (company name)

I certify that I will maintain a minimum of \$100,000 in liability coverage

I certify that I have incurred no more than 1 traffic ticket or accident in the last 3 years

**CODE OF ETHICS FOR VOLUNTEERS**

As a volunteer, I realize that I am subject to a code of ethics similar to that which binds professionals in the field in which I work. I, like them, assume certain responsibilities and expect to account for what I do in terms of what is expected of me. I understand that any information that is disclosed to me while assisting Care Partners is confidential. I interpret “volunteer” to mean that I have agreed to work without compensation in money. If I am accepted as a volunteer worker, I expect to do my work according to the standards set forth in the Care Partners volunteer training materials and to follow all Care Partners policies and procedures.