



**Senior Rides and More**  
**VOLUNTEER APPLICATION**

NAME: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP TO EMERGENCY CONTACT: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

CHURCH/CONGREGATION: \_\_\_\_\_

DO YOU AGREE TO VOLUNTEER FOR ONE YEAR? \_\_\_\_\_

Have you received your Covid Vaccines? YES \_\_\_\_\_ NO \_\_\_\_\_ Second Vaccine: Yes \_\_\_\_\_ No \_\_\_\_\_

Fully vaccinated with boosters? YES \_\_\_\_\_ NO \_\_\_\_\_

*(This does not affect your ability to drive for Senior Rides, however it may prevent you from being paired with a care receiver who is immune compromised.)*

YOU HAVE ANY PHYSICAL CONDITIONS THAT MAY LIMIT YOUR VOLUNTEERING? IF SO, PLEASE EXPLAIN:

### **PERSONAL REFERENCES**

Please list one personal reference (other than family members) and one professional/religious reference:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

### **HEALTH AND WELLNESS STATEMENT**

I, \_\_\_\_\_, confirm that I am in good mental and physical health. I have no known infectious or chronic conditions that may endanger the elderly, frail and health impaired whom I plan to serve. I agree to notify the Senior Rides office should I become unable to perform the duties of a volunteer due to mental or physical health situations in my life. I also understand that all information concerning my health and mental status will be considered confidential in nature by Senior Rides and More.

### **AUTOMOBILE INFORMATION**

Have you ever been convicted of a violation of any traffic laws? ( ) Yes ( ) No

I agree that as long as I am a Senior Rides volunteer, I will have adequate automobile insurance as required by Texas law and will keep my automobile maintained in good condition. I understand the above information given by me to Senior Rides and More will be used for the purpose of a background check.

**Please attach a copy of your Driver's License and Auto Insurance to this application.**

*(Please note: As a volunteer driver, in the event of an accident, your insurance will serve as primary insurer. Liability coverage provided by Senior Rides and More is secondary.)*

- My signature below certifies that the information given on this form is true and correct to the best of my knowledge and that I agree to the following:
- I understand that driving for Church ministry is an important responsibility and I will exercise care and due diligence while driving.
- I understand that as a volunteer driver, I must be 21 years of age.
- I certify that I possess a valid driver's license and have the proper and current vehicle license and registration.
- I certify that I have the required insurance coverage in effect on the vehicle I will be driving for the event.
- I understand that I will be using my own personal vehicle to drive care receivers to their appointments.
- I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.
- I agree to adhere to the State of Texas safety belt laws and regulations.
- I certify that the level of insurance on my vehicle is consistent with the liability limit requirements of the State of Texas (\$30,000/\$60,000/\$25,000), however we recommend \$100,000/\$300,000/\$50,000 for your own protection.

**Signature:** \_\_\_\_\_

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

## **VOLUNTEER AGREEMENT**

I have completed the caregiver training, understand the mission of Senior Rides and More, and agree to abide by these rules:

1. Keep all information concerning my care receiver(s) confidential.
2. Do not offer the care receiver financial advice.
3. Do not offer medical advice; instead, instruct the care receiver to call their physician or call the Senior Rides office if you have any concerns about the health of the care receiver.
4. Do not accept any form of compensation, gifts of value, or money from the care receivers for services associated with Senior Rides.
5. Do not use knowledge gained through volunteer services for personal profit, or for friends or family.
6. Respect the beliefs of the care receiver(s) – we respectfully request you not try to convert any care receiver to another belief system.
7. Observe scheduled times of requests and call the care receiver the evening before a scheduled ride.
8. Notify the Senior Rides office as soon as possible if I am unable to report for my scheduled time.
9. Follow all instructions as issued by the Senior Rides Director concerning my care receiver.
10. Keep records of mileage driven and time volunteered and submit this information to the Senior Rides office at the end of each month.
11. Exercise care and be aware of personal safety on all assignments.
12. Maintain a pleasing and helpful attitude with all care receivers.

**I affirm that all given information is true, correct, and complete, and I hereby apply to the program and agree to abide by all program rules.**

***I hereby give my consent for Senior Rides and More to contact my references and/or employer; and to conduct a routine background check.***

**Signature:** \_\_\_\_\_

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