

Volunteer Application

ITNAmerica respects your privacy. Personal information is used for aggregate reporting purposes only. We will not share your personal information with anyone else, without your express written permission.

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Is this your mailing address? Yes No

Mailing Address (if different than street address):

Mailing Street Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone Type (please select): Mobile Home

Mobile: _____ Home: _____

Email Address: _____

Gender: Male Female Other

Date of Birth: / /
 MM DD YYYY

Is your vision adequate for driving? Yes No

When was the last time your vision was examined? _____ / _____ / _____
MM DD YYYY

Driver's license number: _____ State: _____

License Expiration: _____ / _____ / _____ License Class: _____
MM DD YYYY

Driving:

Years of driving experience: _____ Estimated miles driven last year: _____

Have you had any moving violations in the past three years?

- Yes No

Has your license ever been suspended or revoked?

- Yes No

Have you had any past criminal convictions, or do you have any charges pending against you in a court of law?

- Yes No

[Company] serves people who use transport wheelchairs while traveling. Would you be able and willing to fold and lift wheelchairs (generally 20-30 pounds) in and out of your trunk?

- Yes No

Who should we contact in the event of an emergency?

Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone Type (please select): Mobile Home

Mobile: _____ Home: _____

Email Address: _____

How did you hear about ITN? (Please select all that apply.)

- | | | |
|--|--|---|
| <input type="checkbox"/> AARP | <input type="checkbox"/> Agency on Aging | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Family Member | <input type="checkbox"/> Flier/Brochure | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Healthcare Professional | <input type="checkbox"/> Internet | <input type="checkbox"/> ITN Customer |
| <input type="checkbox"/> ITN Staff/Board Member | <input type="checkbox"/> ITN Volunteer | <input type="checkbox"/> Newspaper/Magazine |
| <input type="checkbox"/> Place of Worship | <input type="checkbox"/> Radio | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Speaker/Presentation | <input type="checkbox"/> Television | <input type="checkbox"/> Trade Show |
| <input type="checkbox"/> Other | | |

If you learned about ITN on the internet, what was the source?

- | | |
|--|--|
| <input type="checkbox"/> ITN website | <input type="checkbox"/> Online article/blog/white paper |
| <input type="checkbox"/> Social media-Facebook | <input type="checkbox"/> Social media-Twitter |
| <input type="checkbox"/> Social media-LinkedIn | <input type="checkbox"/> Google (or other search engine) |
| <input type="checkbox"/> Other | |

Do you have any prior affiliation with ITN or [Company]? _____

What, if any, volunteer work have you done previously?

Please select the top three reasons for wanting to volunteer for this organization.

Top Reason:

- | | |
|---|--|
| <input type="radio"/> Serve the community | <input type="radio"/> Meet new people |
| <input type="radio"/> Enjoy driving | <input type="radio"/> Enjoy older people |
| <input type="radio"/> Help older people | <input type="radio"/> Enjoy office work |
| <input type="radio"/> Something to do | <input type="radio"/> To help ITN |
| <input type="radio"/> To stay active | <input type="radio"/> Earn income |
| <input type="radio"/> Professional development and experience | |

Second Reason:

- | | |
|---|--|
| <input type="radio"/> Serve the community | <input type="radio"/> Meet new people |
| <input type="radio"/> Enjoy driving | <input type="radio"/> Enjoy older people |
| <input type="radio"/> Help older people | <input type="radio"/> Enjoy office work |
| <input type="radio"/> Something to do | <input type="radio"/> To help ITN |
| <input type="radio"/> To stay active | <input type="radio"/> Earn income |
| <input type="radio"/> Professional development and experience | |

Third Reason:

- | | |
|---|--|
| <input type="radio"/> Serve the community | <input type="radio"/> Meet new people |
| <input type="radio"/> Enjoy driving | <input type="radio"/> Enjoy older people |
| <input type="radio"/> Help older people | <input type="radio"/> Enjoy office work |
| <input type="radio"/> Something to do | <input type="radio"/> To help ITN |
| <input type="radio"/> To stay active | <input type="radio"/> Earn income |
| <input type="radio"/> Professional development and experience | |

Primary Language Spoken:

- | | | | |
|--------------------------------|-------------------------------|-------------------------------|----------------------------------|
| <input type="radio"/> English | <input type="radio"/> Spanish | <input type="radio"/> Chinese | <input type="radio"/> French |
| <input type="radio"/> Japanese | <input type="radio"/> Korean | <input type="radio"/> Tagalog | <input type="radio"/> Vietnamese |

Other Language Spoken:

- | | | | |
|--------------------------------|-------------------------------|-------------------------------|----------------------------------|
| <input type="radio"/> English | <input type="radio"/> Spanish | <input type="radio"/> Chinese | <input type="radio"/> French |
| <input type="radio"/> Japanese | <input type="radio"/> Korean | <input type="radio"/> Tagalog | <input type="radio"/> Vietnamese |

Demographic Information:

Why do we ask personal questions such as living situation, income, and ethnicity/race?

Your answers to these (and all) questions, and your identity, will always be kept strictly confidential. While you are not required to answer these questions, they are very important to us. They will enable us to do important research on the aggregated data, comparing our data to US Census categories to support our mission of mobility for all. In addition, they will help us to use data analysis to help communities recruit volunteer drivers across the country.

Marital Status (select one):

- | | | |
|---------------------------------|---------------------------------|--------------------------------|
| <input type="radio"/> Married | <input type="radio"/> Widowed | <input type="radio"/> Divorced |
| <input type="radio"/> Partnered | <input type="radio"/> Separated | <input type="radio"/> Single |

Are you of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish Origin
 Yes

Ethnic Background (select all that apply):

- | | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Black or African-American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American-Indian or Alaska Native |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Some other race or ethnicity |

Living Arrangements (select one):

- Live alone
- Live with spouse/partner
- Live with friend
- Live with children
- Live with other family

Do you own or rent your residence? (select one)

- Own
- Rent
- Live with others and do not pay rent

Highest education attained:

- 8th grade or less
- Associate degree
- Some high school
- Bachelor's degree
- High school graduate or GED
- Master's degree
- Some college or trade school
- Doctoral or Professional degree

Income:

- Less than \$25,000
- \$50,000-\$74,999
- \$25,000-\$49,999
- More than \$75,000

Civic Engagement:

Are you a member of any of the following organizations? (Check all that apply.)

- AAA
- AARP
- Elks
- Junior League
- Kiwanis
- Knights of Columbus
- Lions Club
- Rotary
- National Fraternity or Sorority

Please list any other organizations, labor unions, or senior groups with which you are affiliated:

Have you ever served on active duty in the U.S. Armed Forces, Military Reserves, or National Guard?

- Yes No

Current employment:

- | | |
|--|--|
| <input type="radio"/> Employed, full-time | <input type="radio"/> Student |
| <input type="radio"/> Employed, part-time | <input type="radio"/> Homemaker |
| <input type="radio"/> Self-employed, full-time | <input type="radio"/> Not in labor force for other reasons |
| <input type="radio"/> Self-employed, part-time | <input type="radio"/> Retired, not working at all |
| <input type="radio"/> Not currently employed, but looking for work | |

Does your current employer have a program to support your donation(s) or the time you give to a nonprofit organization?

- Yes No

What is/was your primary occupation? _____

We check references to assure our customers that our volunteers have been thoroughly vetted for safety reasons.

Reference #1

Name: _____ Years Known: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone Type (please select): Mobile Home

Mobile: _____ Home: _____

Email Address: _____

Occupation: _____

How Acquainted?

- | | | |
|----------------------------------|---|--------------------------------|
| <input type="radio"/> Friend | <input type="radio"/> Former supervisor | <input type="radio"/> Coworker |
| <input type="radio"/> Supervisor | <input type="radio"/> Colleague | <input type="radio"/> Other |

Reference #2

Name: _____ Years Known: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone Type (please select): Mobile Home

Mobile: _____ Home: _____

Email Address: _____

Occupation: _____

How Acquainted?

- | | | |
|----------------------------------|---|--------------------------------|
| <input type="radio"/> Friend | <input type="radio"/> Former supervisor | <input type="radio"/> Coworker |
| <input type="radio"/> Supervisor | <input type="radio"/> Colleague | <input type="radio"/> Other |

Reference #3

Name: _____ Years Known: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone Type (please select): Mobile Home

Mobile: _____ Home: _____

Email Address: _____

Occupation: _____

How Acquainted?

- | | | |
|----------------------------------|---|--------------------------------|
| <input type="radio"/> Friend | <input type="radio"/> Former supervisor | <input type="radio"/> Coworker |
| <input type="radio"/> Supervisor | <input type="radio"/> Colleague | <input type="radio"/> Other |

Volunteer Driver Weekly Schedule

We will work with your schedule.

How many days of the week are you willing to drive? _____

How much time are you willing to drive on any given day? _____

What days and hours are you available? (We will discuss during training/orientation.)

Would you be interested in volunteering in any of the following areas?

- Stuffing envelopes for mailings
- Fundraising/Grant writing
- Bookkeeping
- Writing articles for our newsletter
- Speaking publicly about this organization
- Baking for this organization's events
- Serving on the Board of Directors
- Assisting with an event
- Publicizing/Distributing information about this organization
- Assisting with social media
- Ride/appointment companion
- I am not interested in any other volunteer work with this organization
- Other

Vehicle information

Year:_____ Make:_____ Model:_____

Color:_____ # of Doors_____ # of Seats_____

License plate #:_____

Registration Exp:_____ Insurance Exp:_____

Insurance Company:_____

Agent:_____ Phone:_____

Address:_____

Please describe the general condition of the vehicle and any known defects:

Vehicle's owner name (if you are not the owner):_____

Address:_____

If you have a second vehicle which will be used to transport customers, please provide those vehicle details.

Year:_____ Make:_____ Model:_____

Color:_____ # of Doors_____ # of Seats_____

License plate #:_____

Registration Exp:_____ Insurance Exp:_____

Insurance Company:_____

Agent:_____ Phone:_____

Address:_____

Please describe the general condition of the vehicle and any known defects:

Vehicle's owner name (if you are not the owner):_____

Address:_____

Volunteer Driver Informed Consent

“Organization” in this document refers to: _____

Organization is a non-profit transportation service that provides community-based, consumer-oriented transportation for adults age 60 or older, for people with special needs or disabilities, and for others in the community. Organization is a part of the ITN*America* national network. The research and development of the ITN network has been made possible through support from The Atlantic Philanthropies, The Great Bay Foundation for Social Entrepreneurs, AARP, the Transportation Research Board, the Federal Transit Administration, the National Highway Traffic Safety Administration, and numerous other philanthropic organizations.

Each of these organizations has an interest in the development of non-profit transportation that helps older adults and other community members meet their mobility needs with dignity and independence. Your participation as a volunteer driver or volunteer is an important part of the development of this service.

The questions on this application help us understand the reasons why you and others choose to volunteer for Organization, and the history of your volunteer effort helps us develop a record of community participation so we may better understand how to support and expand community-based transportation across the country. Your identity is strictly confidential.

Your signature indicates: 1) You understand that you will be participating in a project that uses the data collected from your volunteer driving efforts or other volunteer efforts for research to develop the transportation service and to better understand transportation for older adults and other individuals with special needs; and 2) You agree to maintain the confidentiality of Organization's customers and their families.

Volunteer Driver Change of Status

It is the responsibility of the volunteer driver to notify organization of any changes in relevant driver information. Please notify your organization representative of any incidents of changes related to the list below and submit copies of new documents before their expiration dates.

- Change of insurance policy, agent, or carrier
- Accidents
- Moving violations
- New/different vehicles
- Criminal convictions
- Significant medical issues that affect driving
- Change in license status

I understand that I need to report any changes in the above to organization and agree to do so in a timely manner.

Applicant Signature: _____ Date: _____