

NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ Zip \_\_\_\_\_

PHONE (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

EMAIL \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

CA DRIVER'S LICENSE # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_

POLICY # \_\_\_\_\_

TYPE OF CAR \_\_\_\_\_

YEAR \_\_\_\_\_

LICENSE PLATE # \_\_\_\_\_

**MINIMUM INSURANCE LIABILITY REQUIRED \$100,000/\$300,000.**

I acknowledge I have automobile insurance in the amount required as noted above.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

RELATIONSHIP TO YOU \_\_\_\_\_

EMERGENCY PHONE (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

**ANY HEALTH LIMITATIONS?** \_\_\_\_\_

**MEDICATIONS: Some prescribed and non-prescribed medications may affect reaction time and may affect the ability to drive safely. Please indicate if you are on any medications which may affect your driving:**

**I am \_\_\_\_\_ I am not \_\_\_\_\_ using medication/s \_\_\_\_\_**

**I am \_\_\_\_\_ I am not \_\_\_\_\_ using prescribed medical marijuana.**

**I agree to notify the Transportation Coordinator if any changes occur in the above information. My signature indicates that all information supplied by me is true, accurate and complete.**

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

**EMPLOYMENT INFORMATION: (Current or Prior)**

Employer Name \_\_\_\_\_

Contact Name/Phone # \_\_\_\_\_

Position and Duties \_\_\_\_\_

# Years employed \_\_\_\_\_

**PERSONAL REFERENCES: (Name, Phone, Relationship to you)**

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

**IS YOUR CAR IN SAFE WORKING ORDER?**

\_\_\_ Brakes & Steering \_\_\_ Lights \_\_\_ Signals \_\_\_ Windshield

\_\_\_ Seat Belts \_\_\_ Tires \_\_\_ Mirrors \_\_\_ Horn

**HOW MANY SEATBELTS DOES YOUR VEHICLE HAVE?** \_\_\_\_\_

**ARE YOU WILLING TO DRIVE MORE THAN ONE RIDER AT A TIME?** \_\_\_ YES \_\_\_ NO

**HAVE YOU BEEN INVOLVED IN A CAR ACCIDENT IN THE LAST 5 YEARS?**

If yes, explain \_\_\_\_\_

\_\_\_\_\_

**HAVE YOU EVER BEEN CONVICTED OF ANY TYPE OF CRIME?** If yes, explain\_\_\_\_\_

\_\_\_\_\_

**DO YOU HAVE ANY LIMITATIONS ON DISTANCE YOU WILL DRIVE?**\_\_\_\_\_

\_\_\_\_\_

**DO YOU HAVE ANY LIMITATIONS ON PASSENGERS YOU ARE WILLING TO DRIVE?**

(e.g., those needing assistance, language spoken, etc.)? If yes, explain\_\_\_\_\_

\_\_\_\_\_

**HOW DID YOU HEAR ABOUT OUR PROGRAM AND WHY ARE YOU VOLUNTEERING?**

\_\_\_\_\_

**PREVIOUS/CURRENT VOLUNTEER WORK:**\_\_\_\_\_

\_\_\_\_\_

**WILL YOU COMMIT TO A 2.5 HOUR TRAINING/ORIENTATION?**\_\_\_\_\_

**WHICH DAYS WOULD YOU LIKE TO DRIVE?**

\_\_\_Monday \_\_\_Tuesday \_\_\_Wednesday \_\_\_Thursday \_\_\_Friday \_\_\_Saturday  
\_\_\_Sunday

**WHAT HOURS?** \_\_\_\_\_AM \_\_\_\_\_PM

**HOW OFTEN ARE YOU AVAILABLE TO DRIVE?**

\_\_\_\_\_DAILY \_\_\_\_\_WEEKLY \_\_\_\_\_BIWEEKLY \_\_\_\_\_MONTHLY

**ARE YOU WILLING TO TAKE RIDES WITH SHORTER THAN 5 BUSINESS DAY NOTICE?**

\_\_\_\_\_YES \_\_\_\_\_NO

**WE ASK FOR A MAXIMUM 4 HOUR TIME COMMITMENT PER RIDE (the majority of rides are approximately 2 hours in length.)**

I understand and agree to comply with policies and procedures of the Petaluma People Services Center iRIDE Petaluma Transportation Program. PPSC does not discriminate on the basis of race, color, national origin, gender, sexual orientation, religion, political affiliation, or on the basis of disability.

My signature on this application indicates that all entries and information supplied by me is true, accurate and complete. My signature also authorizes the PPSC to contact references and past employers as shown on my application.

I agree to notify the Transportation Coordinator if any changes occur in the above information. I understand completion of this Application does not constitute acceptance as a volunteer driver by the PPSC iRIDE Petaluma Transportation Program.

In California, failure to maintain client information as confidential is considered a violation of privacy. Volunteers are acting on behalf of PPSC and are therefore subject to the same requirements and laws regarding confidentiality as employed staff.

**Confidential information includes:**

- The fact that a person is or has been a client of PPSC
- Any information given to the volunteer in confidence by the client
- Any information about the client, his/her problems and treatment or contact with the agency

**Confidentiality does not include:**

- Suspected child abuse, elder abuse or intent to physically harm one’s self or another person. (The volunteer coordinator should be called immediately if these issues arise).

**Basic principles of confidentiality:**

- All information divulged by the client to an agency representative is held in the strictest of confidence; clients of PPSC are guaranteed this protection by California law.
- The volunteer should not communicate confidential information to anyone outside PPSC.
- Breach of confidentiality is sufficient grounds for termination of volunteer staff.

I have read and understand the above conditions. I shall make my best effort to fulfill my commitment to the PPSC by completing all assignments that I accept. I shall at all times uphold the mission of the agency. All information is to be held in the strictest of confidence.

**SIGNATURE** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_

**DATE** \_\_\_\_\_