



SENIORS'  
RESOURCE  
CENTER

**Volunteer Driver Services Enrollment Application**

**PERSONAL INFORMATION**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
Zip: \_\_\_\_\_ Mailing Address, if different from above: \_\_\_\_\_

Home Phone No: \_\_\_\_\_ Best time(s) to call: \_\_\_\_\_  
Work Phone No: \_\_\_\_\_ Best time(s) to call: \_\_\_\_\_  
Cell Phone No: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Fax Number: \_\_\_\_\_ SS#: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Work experience: \_\_\_\_\_

Notify in Emergency: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Relationship to Self: \_\_\_\_\_

**GENERAL**

How did you hear about SRC's Volunteer Driver Services?: \_\_\_\_\_

Do you speak any languages other than English? Please list:

\_\_\_\_\_  
Please list previous volunteer experience: \_\_\_\_\_

\_\_\_\_\_  
Please list your hobbies, skills, special interests: \_\_\_\_\_

**VOLUNTEER DRIVER AVAILABILITY**

Please check the boxes below for the days of the week and times of day you are interested in driving.

Week Days	Morning	Afternoon	Evening	Flexible	Comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday/Sunday					

*Note: Most shifts will take two to four hours of your time. Normally, your volunteer shift time will include two one-way trips: one from the rider's home to a destination and one back to the rider's home. Some riders*

**require an escort in to or to wait at their destination. Riders are required to be able to get in and out of your vehicle with minimal assistance. You are only required to give riders the ride(s) they request originally.**

How many round trip rides per week are you willing to provide? \_\_\_\_\_ Hours per week? \_\_\_\_\_

**SERVICE AREA**

Which of the following communities are you willing to transport riders to/from?

*Please place a check near or circle all that apply:*

<b>Denver West:</b> Wheat Ridge, Lakewood, Edgewater, Arvada, Denver (west of Federal)		
<b>Denver Southwest:</b> SW Littleton, Lakewood, Morrison, Golden		
<b>Denver Northwest:</b> Broomfield, Boulder, Westminster		
<b>Denver North:</b> Northglenn, Federal Heights, Thornton, Commerce City, Westminster, Arvada		
<b>Central Denver County:</b> Streets inside of Sheridan (west), Havana (east), Hampden (so), I-70 (north)		
<b>Denver Northeast:</b> NE Denver and Aurora		
<b>Denver South:</b> South Denver, Englewood, South Littleton		
<b>Denver Southeast:</b> Centennial, Arapahoe County, South Aurora		
<b>Evergreen</b>	<b>Conifer/285 Corridor</b>	<b>Idaho Springs</b>
<b>Morrison</b>	<b>Lookout Mountain/Genesse</b>	<b>Indian Hills</b>
Others (Please list):		
Comments (List transport limitations - i.e. 10-mile radius, etc.):		

**WOULD YOU BE WILLING TO DRIVE OUTSIDE OF THESE BOUNDARIES OCCASIONALLY?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**PERSONAL CHARACTER REFERENCE**

**Please provide two personal references that we may contact.**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 How long has s/he known you? \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 How long has s/he known you? \_\_\_\_\_

**DRIVING RECORD**

As a driver, have you ever been involved in an automobile accident? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, include date(s) of accident(s), nature of accident(s) [head-on, rear-end, etc.], whether you were at fault, and the number injuries and/or fatalities. \_\_\_\_\_

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*Note: Please use the back of this page if you need additional space to write.*

Have you been convicted of eluding a police vehicle, reckless (negligent) driving, vehicular assault/homicide, a hit & run felony or any accidents while driving while intoxicated or under the influence of drugs? \_\_\_\_ Yes \_\_\_\_ No If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
*Note: Please use the back of this page if you need additional space to write.*

### VOLUNTEER DRIVER VEHICLE REGISTRATION

**DRIVER'S LICENSE INFORMATION** (Please submit a copy of your driver's license with this application.)

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Are there any restrictions on your license? *If restricted, state type and date of restriction.*

\_\_\_\_\_  
Have you ever had your driver's license suspended, revoked or refused? *If yes, please explain.*

\_\_\_\_\_  
Have you completed any Defensive Driving classes (i.e.: AARP's 55 Alive or AAA)? *If yes, please state type of class and date completed:* \_\_\_\_\_

### VEHICLE INFORMATION

*Please complete and check all that apply to your vehicle(s).*

Vehicle #1:

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Color: \_\_\_\_\_ 4-door \_\_\_\_ 2-door \_\_\_\_ Car \_\_\_\_ Truck \_\_\_\_ Van \_\_\_\_ If van, please list passenger capacity (minus the driver): \_\_\_\_ Does this vehicle have Air Bags? \_\_\_\_ Seat Belts? \_\_\_\_ License Plate #: \_\_\_\_\_

Vehicle #2 (alternate):

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Color: \_\_\_\_\_ 4-door \_\_\_\_ 2-door \_\_\_\_ Car \_\_\_\_ Truck \_\_\_\_ Van \_\_\_\_ If van, please list passenger capacity (minus the driver): \_\_\_\_ Does this vehicle have Air Bags? \_\_\_\_ Seat Belts? \_\_\_\_ License Plate #: \_\_\_\_\_

**INSURANCE INFORMATION** (Please submit a copy of your proof of insurance with this application.)

**All volunteer drivers are required to have valid personal automobile insurance coverage and must carry automobile liability insurance in an amount in excess of or equal to the minimum required under Colorado State Law (at least \$25,000 per person, \$50,000 per accident) and \$15,000 in property damage.**

Driver's Automobile Insurance Company Name: \_\_\_\_\_

Has an insurance company ever refused, cancelled, non-renewed or given notice of intention to non-renew automobile insurance to you?  No  Yes, Cancelled  Yes, Refused  Yes, Non-renewal  
*If yes, please explain:* Date: \_\_\_\_\_ Reason: \_\_\_\_\_

### DESIGNATION OF SUPPLEMENTAL ACCIDENT AND PERSONAL LIABILITY INSURANCE BENEFICIARY

Volunteers are covered by liability, accident, and excess auto liability insurance while volunteering for Seniors' Resource Center. Please designate a supplemental insurance beneficiary.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_ Comments: \_\_\_\_\_

**PLEASE READ AND SIGN**

I understand that when I am driving my own vehicle as a volunteer driver for Seniors' Resource Center (SRC), my personal automobile insurance will be the primary insurance coverage. I also understand that SRC provides limited excess auto liability coverage over and above my personal automobile insurance. I certify that I am currently insured through the above-named insurance company for automobile liability insurance in an amount in excess of or equal to the minimum required under Colorado State Law. Further, I will notify SRC in the event that the above liability insurance is revoked, cancelled, or altered in such a manner as to no longer meet the minimum vehicle insurance requirements for the state. Further, I will not transport any passengers as part of the Volunteer Driver Services program if these minimum liability requirements are not met, or if my operator's license is not current and/or valid, or if the registration and license of the vehicle(s) I use to transport passengers is not valid or current. I will not knowingly operate my vehicle when it is unsafe.

As a volunteer in the SRC Volunteer Driver Services program, I hereby give my permission for SRC to obtain a copy of my driving record from the State of Colorado Motor Vehicle Division and I also authorize all persons, schools, companies, and law enforcement authorities to release any information they desire concerning my background and release from them any and all liability for any damage, real or implied, for issuing this information. I also authorize SRC to obtain specific investigative consumer reports as part of the process including a Criminal History Background Check. Further, I authorize Seniors' Resource Center to make periodic checks of my driving and criminal records and proof of insurance.

I understand that SRC requires volunteers to report to duty alcohol free and free from the influence of any drug that may affect my ability to perform the duties of my volunteer assignment. I accept that violation of this policy will result in immediate termination from the volunteer placement and from the agency Volunteer Driver Services program.

Further, I acknowledge that the information I have provided on this application is true to the best of my knowledge and that intentional misrepresentation will be grounds for immediate termination from the program.

Volunteer Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed application to the appropriate office:**

<p>SRC          Attn: Volunteer Services          3227 Chase Street          Denver, CO 80212          Phone: (303)235-6941          Fax: (303)238-8497          Email: kstafford@SRCAging.org</p>	<p><i>Join our          Volunteer Driver Services          and...          Give a neighbor a ride!</i></p>	<p>SRC Evergreen          Attn: Volunteer Services          5120 Highway 73          Evergreen, CO 80439          Phone: (303)674-2843          Fax: (303)674-8874          Email: smathis@SRCAging.org</p>
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