

MyRide West TN – Madison County: Volunteer Application

Date of Application: _____

Male Female

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____ Phone: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Special Interests and/or hobbies: _____

Are you a veteran of the United States Armed Forces? _____

Please check the following services you are willing to provide: Check all that apply

<input type="checkbox"/> Drive to Medical Appointment	<input type="checkbox"/> Drive to Shopping/Pharmacy
<input type="checkbox"/> Drive to Community Event	<input type="checkbox"/> Drive to Spiritual Event/Service
<input type="checkbox"/> Office Work	<input type="checkbox"/> Be An Escort

Please indicate your approximate availability: If specific times please list

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Type of Vehicle: Car Truck SUV Mini Van Other _____

Driver License Number: _____ **State Issued:** _____ **Date Expires:** _____

Insurance Provider: _____ **Policy Number:** _____ **Date Expires:** _____

Have you had any accidents, speeding tickets or other moving violations in the past five years? Yes No

If Yes, please explain: _____

Do you have any pet or other severe food allergies? Yes No **If Yes, what allergy?** _____

How did you learn about our volunteer program?

- | | | |
|--|---|---|
| <input type="checkbox"/> Friend in Program | <input type="checkbox"/> Family Member in Program | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Flyer | <input type="checkbox"/> Website (Which one?) | <input type="checkbox"/> Community Event (Which one?) |
| <input type="checkbox"/> Other (Please explain.) _____ | | |

Please read and sign both the Confidentiality and Volunteer Agreements on the second page.

Volunteer Assisted Transportation

Confidentially Agreement

As a volunteer for the MyRide West TN program, you may have access to certain information concerning the participants of that program. This information may include, but is not limited to, personal, medical, social, or business-related data. Such information is strictly confidential and must not be disclosed to any person outside of MyRide West TN without prior written consent of the participant. By signing this agreement, you agree to abide by this restriction while you are an active volunteer and after your volunteer service has ended.

Please acknowledge your acceptance of this agreement by signing below where indicated:

Signature of Volunteer

Date

Volunteer Agreement of Understanding

As a volunteer for the MyRide West TN volunteer assisted transportation program, it has been fully explained that you may not accept any gift, purchase any item, or sell anything to a participant. By signing this agreement, you agree to abide by these restrictions while you are an active volunteer and after your service has ended.

Please acknowledge your acceptance of this agreement by signing below where indicated:

Signature of Volunteer

Date

Please complete the Volunteer Application on the first page.

Background Check Authorization Form

The volunteer position for which I am being considered requires that a criminal background check and driving history (Moving Violations Report) be conducted as part of the screening and selection process to become a MyRide volunteer. The authorized criminal background check and driving history report will include criminal and driving history searches for felony and misdemeanor convictions at the county and federal levels of every jurisdiction you have lived in over the past seven (7) years.

I hereby authorize MyRide West Tennessee to conduct the criminal background check and driving history report. I also authorize the use of law enforcement agencies and/or private background check companies to assist in the gathering of this information.

I am also aware that record of any arrests on pending charges and/or prior convictions is not an absolute bar to being accepted as a volunteer for the MyRide West Tennessee Program. Such information will be used to determine if the results of the background check and/or driving history reasonably bear on my trustworthiness and ability to carry out the duties of the volunteer role in a manner that is safe for senior participants, fellow volunteers, Southwest TN Development District (SWTDD) and MyRide staff, and members of the community.

First	Middle	Last	/ / Date of Birth
Current Street address or P.O. Box		City	Zip Code
Social Security Number		Driver's License Number	

List any other names you have used: _____

Previous Addresses in the Last Seven (7) Years: _____

Signature of Authorization	Date
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FOR OFFICE USE ONLY

Criminal Background Check	Date Checked: _____	Results: _____
Moving Violations Report	Date Checked: _____	Results: _____

Additional Online Registry Checks (no authorization required):

Felony Offender Registry <i>(https://apps.tn.gov/foil)</i>	Date Checked: _____	Results: _____
Abuse Registries <i>(https://apps.health.tn.gov/abuseregistry/)</i>	Date Checked: _____	Results: _____
Sex Offender Registries <i>(https://www.sor.tbi.tn.gov/) and (https://www.nsopw.gov/)</i>	Date Checked: _____	Results: _____
Drug Offender Registry <i>(https://apps.tn.gov/methor/)</i>	Date Checked: _____	Results: _____

Background Checks Completed by: _____