



Volunteer Driver Application

This application will be used to establish your eligibility as a volunteer for the Southwest Area Agency on Aging and Disability. The information you provide helps us assure you, this organization, and the public that the highest standards of safety and accountability are maintained. We appreciate your cooperation and interest in assisting our program. Return the completed form by mail or in person to SWAAAD, 102 E College Street, Jackson TN 38301

Contact Information

| | | | | | |
|-------------------|--|-------------------------|--|----------------|--|
| Name: | | | | Date of Birth: | |
| Address: | | | | Address 2: | |
| City: | | State: | | Zip: | |
| County: | | Ethnicity: | | | |
| Email: | | | | Gender: | |
| Home: | | Work: | | Cell: | |
| Driver License #: | | | | Exp. Date: | |
| State Issued: | | SSN (Background Check): | | | |
| Auto Insurance #: | | | | By: | |
| Exp. Date | | | | | |

Vehicle Information

| | | | | | |
|----------------|-----|-----------|--------------|---------------|-----------|
| Make: | | Model: | | Year: | |
| Reg. Date: | | Color: | | # Passengers: | |
| License Plate: | | | | State: | |
| Vehicle Size: | Car | Small SUV | Mid-size SUV | Large SUV | Van Truck |

Is your vehicle considered tall?

Availability

| Day | Yes | No | A.M. | P.M | Hours Available That Day (3 hrs min) |
|-----------|-----|----|------|-----|--------------------------------------|
| Monday: | | | | | |
| Tuesday: | | | | | |
| Wed. | | | | | |
| Thursday: | | | | | |
| Friday: | | | | | |

Available for Short Notice Appointments?

Maximum Distance:

Have you ever been convicted of any crime? Yes No If yes, please explain

Note: Conviction of a crime is not an automatic disqualification for volunteering.

Have you ever been convicted during the last 10 years of driving while intoxicated or under the influence of drugs? If yes, please explain (date, charge, jurisdiction, etc) **Yes** **No**

Indicate all moving violations or citations (other than parking) that you have been convicted of, forfeited bail, or paid any fines for during the past 3 years. Please give full details, including dates below. If more space is needed, use a separate sheet.

| | | | |
|---------|--|-------------------------|------------|
| 1. Date | | Location (City & State) | Conviction |
| 2. Date | | Location (City & State) | Conviction |

List all motor vehicle accidents of any type or cause that you, either as owner or operator, have been involved in during the last 5 years.

| | | | | |
|----|------------------|------|--------------------|-------------|
| #1 | Date | Time | Driver | Violation |
| | Who was at fault | | Bodily injury? Y N | Damage? Y N |
| | Description | | | |
| #2 | Date | Time | Driver | Violation |
| | Who was at fault | | Bodily injury? Y N | Damage? Y N |
| | Description | | | |

References:

Please list two people who know you well and can speak to your character, skills and dependability. Both will be contacted and it is important that they respond to the call. Please inform them.

| Name | Phone | Time Known |
|------|-------|------------|
| | | |
| | | |

I understand that this is an application for and not a commitment or promise to provide an opportunity to volunteer. I further understand that by submitting this application I am consenting to the completion of criminal history and driving records checks on myself. I hereby agree to release and hold harmless from liability any person or organization that provides information and the SWAAAD. I certify that I have and will provide information throughout the selection process, including on this application and in interviews that is true, correct and complete to the best of my knowledge. I certify that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by the SWAAAD. I understand that misrepresentation or omissions may be cause for my immediate denial as an applicant for a volunteer position with the SWAAAD or my termination as a volunteer.

Signature _____ Date