



VOLUNTEER DRIVER APPLICATION FOR SERVING OUR SENIORS

Date ____/____/____

First Name: _____ Last Name: _____

Address _____

D.O.B. ____/____/____

City: _____ State: _____ Zip Code: _____

Last 4 digits Soc Sec #: XXX-XX-____ (PLEASE GIVE ENTIRE NUMBER TO RECEPTIONIST IN PERSON)

Driver License # _____

Phone _____ Cell Phone _____

Do you have an answering machine at home? (Please circle) Yes or No

Email Address (optional): _____

Preferred way to reach you ____ phone ____ cell phone ____ text ____ e-mail

Emergency Contact Name: _____ Phone: _____

Criminal History: All volunteer positions that involve client sensitive information requires a criminal history check. Would you be agreeable to a criminal background check (Local, State & National background check)? ____ Yes ____ No

Would you be agreeable to random drug testing? ____ Yes ____ No

Do you take any prescription medications? ____ Yes ____ No

Would you allow us to review your medication list for the purposes of verifying the medications do not have a side effect of impaired driving? ____ Yes ____ No

Listed below are day(s) of the month you can select from to volunteer to drive for the out of town medical transportation program. Please circle your selection(s):

1 st Monday	1 st Tuesday	1 st Wednesday	1 st Thursday	1 st Friday
2 nd Monday	2 nd Tuesday	2 nd Wednesday	2 nd Thursday	2 nd Friday
3 rd Monday	3 rd Tuesday	3 rd Wednesday	3 rd Thursday	3 rd Friday
4 th Monday	4 th Tuesday	4 th Wednesday	4 th Thursday	4 th Friday
5 th Monday	5 th Tuesday	5 th Wednesday	5 th Thursday	5 th Friday

Would you be willing to become a member of the Alternate Driving Pool? This is a group of volunteers we can call if one of our regularly scheduled volunteers is unable to drive due to illness or emergency.

(Please check one)

☐ Calling on short notice is not a problem ☐ Please do not call on short notice

I will drive (check all that apply):

☐ SOS car

☐ SOS wheelchair van, if provided with the training in advance.

☐ I will drive the van, but I don't want to transport wheelchair passengers

Is there any additional information we should know regarding your desire to volunteer?
(i.e. you do not want to drive to Cleveland. You do not want to drive to Toledo, etc)

Our Policy

It is the policy of Serving Our Seniors to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual orientation, age or disability.

Agreement and Signature

By submitting this application, I affirm that the facts set forth are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in immediate dismissal.

Print Name: _____

Signature: _____

Date: _____

SKILLS & CHARACTER REFERENCES

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Please mail your application using the self addressed envelope provided or you may drop off your application at:

**Serving Our Seniors
310 E. Boalt St
Sandusky, OH 44870**

Thank You!

BACKGROUND CHECK DISCLOSURE, AUTHORIZATION AND RELEASE

Section 1: Disclosure

This form, which you should read carefully, has been provided to you because SERVING OUR SENIORS may request consumer reports and/or investigative consumer reports on you from a consumer reporting agency. SERVING OUR SENIORS will use any such report(s) solely for employment related purposes.

Consumer reports and/or investigative consumer reports on you will be obtained by a background check vendor and provided to SERVING OUR SENIORS. Any such reports may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to: credit reports, Social Security Number verification, criminal records checks, public court records checks, driving records checks, educational records checks, verification of employment positions held, Workers' Compensation records (only post-offer), personal and professional references checks, licensing and certification checks, etc. The information contained in these reports may be obtained by the vendor from private and/or public record sources, including sources identified by you on your job application or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances.

If you are denied employment as a result of information obtained from your background check, SERVING OUR SENIORS will furnish you with a summary of your rights under the Fair Credit Reporting Act in a form issued by the Consumer Financial Protection Bureau entitled "A Summary of Your Rights Under the Fair Credit Reporting Act."

Section 2: Authorization and Release

I have carefully read and understand this Disclosure, Authorization and Release form. By my signature below, I consent to the release of consumer reports and/or investigative consumer reports to SERVING OUR SENIORS in conjunction with my job application. I also authorize disclosure to SERVING OUR SENIORS and/or to the background check vendor of information concerning my employment history, earning history, education, credit history, credit capacity and credit standing, motor vehicle history and standing, criminal history and all other information SERVING OUR SENIORS deems pertinent by any individual, corporation or other private or public entity, including, without limitation, the following: employers; learning institutions, including colleges and universities; law enforcement agencies; federal, state and local courts; the military; credit bureaus; motor vehicle records agencies; and other applicable sources. I hereby release and hold the vendor and SERVING OUR SENIORS, its officers, directors, employees, agents and trustees harmless from any and all liability with respect to the consumer reports, investigative consumer reports, investigations, verifications and/or the use of any information relevant to my employment.

I understand that if SERVING OUR SENIORS hires me, my consent will apply throughout my employment to the extent permitted by law, unless I revoke or cancel my consent by sending a signed letter or statement to SERVING OUR SENIORS. I also understand that, to the extent allowed

by law, information contained in my job application or otherwise disclosed by me before, during or after my employment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

This Background Check Disclosure, Authorization and Release form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by SERVING OUR SENIORS.

I understand that providing any false information or omitting any material information on my application materials or in the interview process will be sufficient grounds for rejection of the application, or termination of employment whenever discovered.

Section 3: Applicant Information (Complete the following requested information.)

APPLICANT'S FULL NAME:

First Name

Middle Name

Last Name

COUNTRY OF RESIDENCE: _____

DOES APPLICANT HAVE A SOCIAL SECURITY NUMBER? _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH (FOR ID PURPOSES ONLY): _____

DRIVER'S LICENSE NUMBER/STATE OF ISSUE: _____

CURRENT ADDRESS: _____

DAYTIME PHONE NUMBER: _____

EMAIL ADDRESS: _____

APPLICANT SIGNATURE

DATE