



## NEW ROCHELLE CARES AIP INC.

PO Box 91 Wykagyl Station

New Rochelle, NY 10804

914-563-8368

### Volunteer Driver Application

We need you as a volunteer driver! The difference you make in a neighbor's life will also be of great benefit to you. You can either download our PDF, print and mail it off, or complete the form online at <http://newrochellecares.org>. Thank you for *being* the difference.

What is Your Full Name:

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Please Provide Your Home Address:

Street Address \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Assigned Sex \_\_\_\_\_

Date of Birth \_\_\_\_\_

Email \_\_\_\_\_

Do you have any physical limitations?

Yes  No

Please describe them – be as specific as possible:

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As a driver, what level of assistance will you offer? (Check all that apply)

Wheelchair  In the Door  To the Door  Curb to Curb  Escort

**Days of the Week When You're Able to Volunteer**

Your Daytime availability (Select any that apply)

Everyday  Monday  Tuesday  Wednesday  Thursday  Friday

Your Afternoon/Early Evening Availability (Select all that apply)

Every day  Monday  Tuesday  Wednesday  Thursday  Friday

Available Hours? \_\_\_\_\_

Frequency? \_\_\_\_\_

Reference 1:

First \_\_\_\_\_

Last \_\_\_\_\_

Relationship to You \_\_\_\_\_

Phone \_\_\_\_\_

Reference 2:

First \_\_\_\_\_

Last \_\_\_\_\_

Relationship to You \_\_\_\_\_

Phone \_\_\_\_\_

ICE: In Case of An Emergency, Please Notify

Contact Person 1:

First \_\_\_\_\_

Last \_\_\_\_\_

Relationship to You \_\_\_\_\_

Phone \_\_\_\_\_

Contact Person 2:

First \_\_\_\_\_

Last \_\_\_\_\_

Relationship to You \_\_\_\_\_

Phone \_\_\_\_\_

**Driving Information**

You are volunteering for a position that requires driving. *New Rochelle Cares – Aging in Place* requires a valid driver’s license and proof of automobile insurance.

Are you able to use your automobile for this volunteer position?

Yes     No

As a volunteer, I agree to provide a valid driver's license number and proof of automobile insurance. I agree to mail or deliver copies of these documents to *New Rochelle Cares - Aging in Place* so that they can be filed with this application. I will immediately notify my volunteer supervisor if my driver's license is restricted, suspended, revoked or expired.

Consent:  Yes I agree

Name of Insurance Carrier \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_

Insurance Policy Expiration Date \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Driver's License State of Issue \_\_\_\_\_

Driver's License Expiration Date \_\_\_\_\_

Auto Registration State of Issue \_\_\_\_\_

Auto Registration Expiration Date \_\_\_\_\_

## **Vehicle Information**

My Primary automobile is

Small     Medium     Large     SUV / Van     WC Lift

Year \_\_\_\_\_

Make \_\_\_\_\_

Model \_\_\_\_\_

Plate # \_\_\_\_\_

Number of Seats \_\_\_\_\_

### **Vehicle Information - Secondary Automobile (if applicable)**

My secondary automobile is

Small     Medium     Large     SUV / Van     WC Lift

Year \_\_\_\_\_

Make \_\_\_\_\_

Model \_\_\_\_\_

Plate # \_\_\_\_\_

Number of Seats \_\_\_\_\_

## **Background Checks**

Volunteer Driver positions require a criminal history background check and a motor vehicle background check. After receiving information about your consumer reporting rights, you, as the Applicant, will receive an email invitation from New Rochelle Cares - Aging in Place with a link to <https://www.Intellicorp.net> where you will be able to submit personal information (Social Security Number, driver's license number, address) directly and where you will be able to authorize Intellicorp to run the background checks at *New Rochelle Cares - Aging in Place's* expense.

Criminal History Check: You agree to respond to the Intellicorp invitation to run your background checks?

Yes I agree

Signature

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

\_\_\_\_\_  
*New Rochelle Cares - Aging in Place* acknowledges that equal opportunity for all persons is a fundamental human value. Each volunteer applicant will be considered on the basis of individual ability and merit, without regard to race, color, age, religion, national origin, disability, sexual orientation, sex or marital status.