



Volunteer Application

This application will be used to establish your eligibility as a volunteer for the MyRide Oak Ridge Program. The information you provide assures you, this organization, and the public that the highest standard of safety and accountability are maintained. We appreciate your cooperation and interest in our program. Please return your completed application to the Senior Center at P.O. Box 1, Oak Ridge, TN, 37831.

Full Name		SS# (for Background Check)	Date
Address	City		Zip
Occupation	Gender (Circle) M or F	Veteran (Circle) Yes or No	Birthdate (MM/DD/YYYY)
Home Phone () -	Mobile Phone () -	Email	
Emergency Contact Name and Phone			Relationship
Club/Organization Memberships			
Special Training, Hobbies, Skills			
What experience do you have working with seniors?			
Why do you want to volunteer?			
Volunteer Position(s) of Interest: (Circle All That Apply) Volunteer Driver Rider Escort Office Support Other:			
Availability (Circle All That Apply) Daily Weekly Bi-Weekly Monthly Other:			
Do you have a current Tennessee Driver's License? Yes or No (If yes, please attach copy along with copy of current car insurance)			
Driver's License Number	Expiration Date	If licensed less than 5 yrs in TN, List Previous State:	
Are there any restrictions on your driver's license? Yes or No		If restricted, then give date and type:	

Have you ever had your license suspended or revoked? Yes or No	If yes, please explain:
Have you ever been convicted of a crime? Yes or No	If yes, please explain: (Note: conviction is not an automatic disqualification)
Have you been convicted of driving while intoxicated or under the influence of drugs during the last 10 years? Yes or No	
Have you had any moving violations in the past 3 years? Yes or No	If yes, please explain:
Have you had any automobile accidents in the last 5 years? Yes or No	If yes, please explain:
Personal Reference Contact Information	
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 notify them that they will be contacted.	
Contact 1	Length of Time Known
Address	Phone () -
Mobile phone () -	Email
Contact 2	Length of Time Known
Address	Phone () -
Mobile phone () -	Email
The information I have provided on this application is true and correct to the best of my knowledge. I understand that this application allows an extensive background check. I certify that I have not withheld any information that would influence my application. The application process does not commit me to volunteering but allows me to do so when the application has been processed by the MyRide Steering Committee. Any omission or withheld information is grounds for termination.	
<hr/> Applicant Signature <hr/>Date	