

TRS RodefRides

Volunteer Driver Application

Personal Information:

Name _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (home) _____ (cell) _____ (work) _____

Email: _____

Date of Birth: ___/___/___

Screening Information:

Do you have a valid driver's license? Yes No

License Number _____ Expiration date _____ State: _____

Auto Insurance Company: _____

Policy Number: _____

Expiration Date: ___/___/___

Have you ever been convicted for violation of any laws, traffic or otherwise? Yes No

If yes please explain: _____

Emergency Contact:

Name _____ Phone: _____ Relation: _____

References:

Please list two people we may contact who are not family members. (You may include employers, teachers, religious leaders, etc.)

Name: _____ **Phone:** _____ **Relation:** _____

Address:

Name: _____ **Phone:** _____ **Relation:** _____

Address:

Confidentially Agreement

As a volunteer for Rodef Rides, you may have access to certain information concerning the participants of the 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 Rodef Rides / NV Rides 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.

Signature of Volunteer: _____

Date: _____

Volunteer Agreement of Understanding

As a volunteer for the Rodef Rides /NV Rides 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. I understand and agree that my volunteer service is at will, which means that it is for no specified period and may be terminated by me or Rodef Rides/NV Rides at any time without prior notice, for any reason. I understand that misrepresentation or omission of facts may result in rejection of this application or termination. I hereby give my consent for the Rodef Rides/NV Rides contact my references and conduct a background check.

Signature of Volunteer: _____

Date: _____

Rodef Rides is supported by NV Rides, a network of community organizations aiming to enhance and improve volunteer assisted transportation throughout the region. In partnership with Fairfax County and Jewish Council for the Aging, the JCCNV is administering this community -wide initiative so that more non-driving older adults will be able to get where they need go at no cost, so that they can "age in place" for as long as possible.

For information call 703-942-9927 / 703-532-2217 or email RodefRides@templerodefshalom.org

Temple Rodef Shalom reserves the right to photograph and/or videotape activities for use in publicity or promotional materials.

Please notify Temple Rodef Shalom in writing if you do not want photos of either you or your family members to be used.