

OFFICE VOLUNTEER/DRIVER INFORMATION FORM



Name: _____

Home Phone: _____ Work: _____ Cell: _____

Do you own and use a ___computer ___tablet ___smart phone E-Mail: _____

Address: _____

City/Zip: _____ Birthday (month and year): _____

*Texas Driver's License No. _____ *Expiration date of license: _____

*Current Auto Insurance carrier and policy number _____

*Expiration date of policy and liability policy limits _____

*Type of car you will use to transport clients _____

*Please list any traffic accidents or traffic violation citations (other than parking) you have had during the last 5 years: _____

Are you currently employed? _____ Part time _____ Full time

Where? : _____ Occupation: _____

Please list any experience you have had working with the elderly, any previous volunteer experience, any previous applicable work experience and/or affiliations with community or non-profit organizations:

Would you require or do you want compensation? _____ Yes _____ No

Which days of the week or portions of days are you unavailable to give rides:

*Only needed if you are volunteering to be a driver.

When can you start volunteering? _____

In case of emergency, please notify: _____

Phone # _____ Cell phone _____ Relationship: _____

***Do you understand and agree that you will sign forms permitting Kerr♦Konnnect or its agents to perform criminal background and driving record checks on you personally? Do you also understand and agree that you will need to undergo driver and volunteer training before you can begin serving as a driver for Kerr♦Konnnect? Please initial below**

_____ Yes _____ No

Kerr♦Konnnect does not dispatch rides nor do we require any set hours or days for you to provide your services. Rides are posted in the software system used by Kerr♦Konnnect and you will have training to access those needs on line. However, by volunteering, we ask that you pledge to yourself and us that you will give at least 1-2 rides a week whenever possible. Thank you.

Signature of Volunteer: _____ Date: _____

Please return this form, the background check consent form*, a copy of your driver's license* and a copy of your insurance coverage summary page* to: Kerr♦Konnnect P.O. Box 290194 Kerrville, Texas 78028

*Only needed if you are volunteering to be a driver.