

ITN *Greater Mercer*™ providing dignified transportation to seniors

**Volunteer Driver Application**

(Mr./Mrs./Ms./Miss)

Name: \_\_\_\_\_ Date \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

AARP Member? Yes \_\_\_\_\_ No \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

1. Previous Volunteer Experience (please feel free to use additional space if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Employer and Occupation (past occupation if retired): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Other information that would be helpful to us (hobbies, interests, skills, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Languages Spoken: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

**Volunteer Assignment Choice:**

\_\_\_ Transport seniors and the visually impaired

**Please check all that apply** (for volunteer drivers):

I can volunteer: \_\_\_ Mornings (M-F) \_\_\_ Afternoons \_\_\_ Evenings (M-F)  
\_\_\_ Weekends \_\_\_ Once a week \_\_\_ As needed  
\_\_\_ One time only \_\_\_ Other: \_\_\_\_\_

I would be interested in working on a special project

\_\_\_ Office help \_\_\_ Making presentations \_\_\_ Volunteer Recruitment  
\_\_\_ Newsletter \_\_\_ Other, please specify: \_\_\_\_\_

Do you have any physical conditions that may limit your volunteering activities? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

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In case of emergency, please notify: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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**References:** Please list two persons we may contact who are **not family**, (example: clergy, teacher or employer) **Please, no personal friends!**

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

1. Do you have a valid New Jersey Drivers License? Yes \_\_\_\_\_ No \_\_\_\_\_

License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

2. Have you been convicted of any moving violations in the past three years?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please explain): \_\_\_\_\_

\_\_\_\_\_

3. Have you ever been convicted for violating any laws, traffic or otherwise? Or do you have any charges pending against you? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain (this does not automatically disqualify you): \_\_\_\_\_

\_\_\_\_\_

**Please be assured that all background information concerning my transporting seniors and the visually impaired will be kept strictly confidential. This information is correct to the best of my knowledge. I give the ITN permission to check on this information and to contact references.**

\_\_\_\_\_  
**Volunteer's Signature**

**For Office Use Only**

Inquiry	App Sent	App Received	Checks Sent	First Call	Second Call	Third Call	Screening	Checks Received	Driving

**Please return this form to ITNGreaterMercer™, 15 Roszel Road, Princeton, NJ, 08540 or fax to (609) 452-0028. If you have any questions, please call (609) 452-1491.**

## Permission to Perform Background Check

I hereby give my permission to ITN*GreaterMercer*<sup>TM</sup> to check my background including:

Criminal Record

Driving Record

Personal References

As appropriate for the volunteer jobs in which I have expressed an interest.

I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from consideration for some types of volunteer work.

I understand that information collected during this background check will be limited to that appropriate to determining my suitability for particular types of volunteer work and that all such information collected during the check will be kept confidential.

I hereby also extend my permission to those individuals or organizations contacted for the purpose of this background check to give their full and honest evaluation of my suitability of the described volunteer work and such other information as they deem appropriate.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

**Vehicle Description Information**

Your name: \_\_\_\_\_

Vehicle owner's name (if you are not the owner): \_\_\_\_\_

Street address, town and phone number of vehicle owner:

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**Vehicle Description:** (if more than one vehicle will be used for transporting ITN™ customers, please fill out a form for each vehicle)

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Type: \_\_\_\_\_

Year: \_\_\_\_ Plate #: \_\_\_\_\_ Color: \_\_\_\_\_ Number of doors: \_\_\_\_

Registration expiration date: \_\_\_\_\_ Inspection expiration date: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Agent: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Policy #: \_\_\_\_\_

**Please describe the general condition of the vehicle and any known defects:**

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**Please check one of the following:**

\_\_\_\_\_ This is the only vehicle I will be using for the ITN™

\_\_\_\_\_ I will be using more than one vehicle for the ITN™

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

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_