



Driver Application Form

Personal Information

NAME: _____

HOME ADDRESS: _____

CITY: _____ ZIP: _____

PHONE (H): _____ (CELL): _____

EMAIL: _____ Vaccination Yes ___ No ___

EMERGENCY CONTACT _____ RELATIONSHIP TO YOU _____

EMERGENCY PHONE (H) _____ (CELL) _____

CA DRIVERS LICENSE #: _____ EXP. DATE: _____ REG. DATE: _____

INSURANCE COMPANY: _____ Policy # _____

TYPE OF CAR: _____ Year: _____ COLOR: _____

LICENSE PLATE #: _____

Employment Information

Employer Name _____

Supervisors Name/Phone # _____

Position and Duties _____

Dates of Employment – Start Date: _____ End Date (if not current): _____

Personal References

Name: _____ Phone#: _____

Relationship to you: _____

Name: _____ Phone#: _____

Relationship to you: _____

Name: _____ Phone#: _____

Relationship to you: _____

Is your car in safe working order? Please initial each item below to attest that they are in good working order to the best of our knowledge.

- Brakes & Steering
- Lights
- Signals
- Windshield
- Seat Belts
- Tires
- Mirrors
- Horn

HOW MANY SEAT BELTS DOES YOUR VEHICLE HAVE? _____

ARE YOU WILLING TO DRIVE MORE THAN ONE RIDER AT A TIME? ___ YES ___ NO



HAVE YOU BEEN INVOLVED IN A CAR ACCIDENT IN THE LAST 5 YEARS? If yes, explain _____

HAVE YOU EVER BEEN CONVICTED OF ANY TYPE OF CRIME? If yes, explain _____

DO YOU HAVE ANY LIMITATIONS ON DISTANCE YOU WILL DRIVE? _____

DO YOU HAVE ANY LIMITATIONS ON PASSENGERS YOU ARE WILLING TO DRIVE? (e.g., those needing assistance, language spoken, etc.)? If yes, explain _____

HOW DID YOU HEAR ABOUT OUR PROGRAM AND WHY ARE YOU VOLUNTEERING?

PREVIOUS/CURRENT VOLUNTEER WORK: _____

WILL YOU COMMIT TO A 2.5 HOUR TRAINING/ORIENTATION? _____

HOW OFTEN ARE YOU AVAILABLE TO DRIVE?

____ DAILY ____ WEEKLY ____ BIWEEKLY ____ MONTHLY

Areas willing to serve, check all that apply :

Petaluma/Penngrove Cotati Rohnert Park Santa Rosa Sebastopol Novato San Rafael

ARE YOU WILLING TO TAKE RIDES WITH SHORTER THAN 5 BUSINESS DAY NOTICE? ____ YES ____ NO

WE ASK FOR A MINIMUM 2 HOUR TIME COMMITMENT PER RIDE (the majority of rides are under 2 hours in length).

Medications

Please identify all prescribed or over-the-counter medications that you take prior to driving that may impair your ability to drive safely.

ANY HEALTH LIMITATIONS? _____



iRide PETALUMA

A Program of
Petaluma People Services Center



MINIMUM INSURANCE LIABILITY REQUIRED \$100,000/\$300,000.

I acknowledge I have automobile insurance in the amount required as noted above.

SIGNED _____ DATE _____

I agree to notify the Transportation Coordinator if any changes occur in the above information. My signature indicates that all information supplied by me is true, accurate, and complete.

Signature _____ Date _____

I understand and agree to comply with policies and procedures of the Petaluma People Services Center iRIDE Petaluma Transportation Program. PPSC does not discriminate on the basis of race, color, national origin, gender, sexual orientation, religion, political affiliation, or on the basis of disability.

I agree to notify the Transportation Coordinator if any changes occur in the above information. I understand completion of this Application does not constitute acceptance as a volunteer driver by the PPSC iRIDE Petaluma Transportation Program.

In California, failure to maintain client information as confidential is considered a violation of privacy. Volunteers are acting on behalf of PPSC and are therefore subject to the same requirements and laws regarding confidentiality as employed staff.

Confidential information includes:

- The fact that a person is or has been a client of PPSC
- Any information given to the volunteer in confidence by the client
- Any information about the client, his/her problems and treatment or contact with the agency

Confidentiality does not include:

- Suspected child abuse, elder abuse or intent to physically harm one’s self or another person. (The volunteer coordinator should be called immediately if these issues arise).

Basic principles of confidentiality:

- All information divulged by the client to an agency representative is held in the strictest of confidence; clients of PPSC are guaranteed this protection by California law
- The volunteer should not communicate confidential information to anyone outside PPSC
- Breach of confidentiality is sufficient grounds for termination of volunteer staff

Statement: I have read and understand the above conditions. By signing below I attest that the above information is true and correct to the best of my knowledge.

SIGNATURE _____

PRINT NAME _____

DATE _____