

Northwest Village Network Driver Service  
Volunteer Application Form

Thank you for your willingness to help Northwest Village Network members who have mobility needs. Your care and support are greatly appreciated!

We ask you to supply the following information so that we can obtain background checks required by our liability insurance.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Social Security number \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

My vehicle is (Make, size e.g. SUV, mini, compact): \_\_\_\_\_

I am/am not a member of Northwest Village Network. Please circle the applicable statement.

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell or Phone # \_\_\_\_\_

I am generally available to volunteer: M - F \_\_\_\_ Sat \_\_\_\_ Sun \_\_\_\_  
8:30 am - 12 noon \_\_\_\_ 12 noon - 5pm \_\_\_\_ 5pm - 9pm

OR: I am only available on (specify days and times) \_\_\_\_\_

Please list two personal references below (not family members). Please print:

1. \_\_\_\_\_ Phone #

2. \_\_\_\_\_ Phone #

\_\_\_\_\_

*Please read the following paragraphs and sign below:*

I understand that NVN members are depending on me, and that they deserve to be treated with kindness and dignity.

If I am unable to fulfill a commitment I have made to provide a service for a member, it is my responsibility to notify

NVN in sufficient time to find a replacement volunteer. I hereby agree to maintain the confidentiality of the members that I serve, and to comply with NVN's rules and regulations regarding transport of members.

I certify that the information I have supplied in this application is true and correct to the best of my knowledge.

I hereby authorize NVN to investigate my background information, including making inquiries of law enforcement agencies for possible pending charges or convictions, and release NVN from all liability related to this investigation.

I understand that all information given will remain confidential.

I have read and do understand the above, and by my signature consent to these statements.

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Signature

Date \

\_ Please return this form to: Penelope Myers 7126 Cresheim Rd., Phila. 19119

