



# drivetoHELP

## Volunteer Driver Application

This application will be used to establish your eligibility as a volunteer driver for the **Drive to Help** program. The information you provide helps us assure you, this organization, and the public that the highest standards of safety and accountability are maintained. We appreciate your cooperation and interest in our volunteer driver program. Return completed application to: SECOG, 500 N. Western Avenue, Suite 100, Sioux Falls, SD 57104. You may contact Melissa at 367-HELP or [melissa@secog.org](mailto:melissa@secog.org) with questions.

**All applicants must read and sign in the signature block on Page 3.**

Full Name:	Spouse:		
Address:	City:	State:	Zip:
If less than 2 years at this address, previous address:			
Phone:	E-mail:		
Work Phone:	Date of Birth:		
Social Security Number:	Retired (Yes/No):		
Employer: <i>(Most recent employer if retired)</i>	Job Title:		
Work Address:	City:	State:	Zip:
Supervisor:	Supervisor's Phone:		
Emergency Contact:	Emergency Contact's Phone:		

Do you have a current and valid (South Dakota) State Driver's License? (please attach a copy)  
*If no, please explain:*

Yes    No





How long have you had a driver's license?	Years:	Months:	
Driver's License Number:		Expiration Date:	
If licensed in (South Dakota) State less than five years, list licenses previously issued: <i>License Number/State:</i> _____ <i>License Number/State:</i> _____			
Are there any restrictions on your driver's license? <i>If restricted, state type and date of restriction:</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had your driver's license suspended, revoked, or refused? <i>If yes, please explain:</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been required by the State to file evidence of Financial Responsibility (SR22)? <i>If yes, please explain:</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Your Automobile Insurance Company (please attach a copy of insurance card):			
Has an insurance company ever refused, cancelled, non-renewed, or given notice of intention to non-renew automobile insurance to you? <input type="checkbox"/> No <input type="checkbox"/> Yes, Cancelled <input type="checkbox"/> Yes, Refused <input type="checkbox"/> Yes, Non-renewal <i>If yes, please explain:</i> <i>Date:</i> _____ <i>Reason:</i> _____			

Have you been convicted during the last 15 years of driving while intoxicated or under the influence of drugs? <i>If yes, please explain (date, charge, jurisdiction, etc.):</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Indicate all moving violations or citations (other than parking) that you have been convicted of, forfeited bail, or paid any fines for during the past 3 years. Please give full details, including dates, below. If more space is needed, use a separate sheet.</i>			
<b>A</b>	Date:	Time:	Location (City and State):
	Conviction:		
	If speeding, legal limit:	Your speed:	Amount of Fine: \$
	Remarks:		
<b>B</b>	Date:	Time:	Location (City and State):
	Conviction:		





	If speeding, legal limit:	Your speed:	Amount of Fine: \$
Remarks:			
<i>List all motor vehicle accidents of any type or cause that you, either as owner or operator, have been involved in during the last 3 years.</i>			
#1	Date:	Time:	Driver:
	Who was at fault?		Violation:
	Damage to your vehicle?		Amount: \$
	Bodily injury?		Amount: \$
Description:			
#2	Date:	Time:	Driver:
	Who was at fault?		Violation:
	Damage to your vehicle?		Amount: \$
	Bodily injury?		Amount: \$
Description:			

***This application warrants a criminal history background check, and/or verification of my motor vehicle record as authorized by my signature below.***

***For Drivers Only.*** My signature below authorizes the ***Drive to Help*** program, or its agent, to obtain, at its sole discretion, my employment and non-employment driving record, including all Department of Licensing actions that have taken place regarding the driver's license I now hold, have held, or in the future may obtain. It also authorizes the ***Drive to Help*** program, or its agent, to conduct a criminal history background check from the source of its choice. I further agree to any other conditions described herein. This release continues in effect as long as I continue to serve as a ***Drive to Help*** program volunteer driver.

Signature:	Date:
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*The Drive to Help program, or its agent, may reject any volunteer application, or limit, suspend or terminate any volunteer's participation in the Program if the staff determines, in its sole discretion, that such action would be in the best interests of any care receiver. A determination to reject an application or to limit, suspend or terminate a volunteer's participation in the Program may be based on the results of any criminal background investigation, character reference, complaint or other information, whether substantiated or unsubstantiated.*



## Volunteer Driver Application: Driver Availability

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

Please check the boxes below for the days of the week you would be interested in volunteer driving, including weekends and holidays. If there are certain time periods in which you wish to volunteer, please note. If there are particular regular dates of the month you are not available then note them in the Comments section below.

Day of the Week	Available Times (Please Indicate)		
Sunday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Monday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Tuesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Wednesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Thursday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Friday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Saturday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Volunteer Driver Application: Driver Program Preference

The *Drive to Help* program is currently recruiting volunteer drivers for Project CAR and Workers on Wheels. Please indicate below which program you would prefer to volunteer form, if eligible.

- I prefer to volunteer for Project CAR.** Project CAR is a non-profit corporation that has been providing transportation in Sioux Falls for over 30 years. This agency uses volunteer drivers to provide rides, using Project CAR's sedans, to seniors and economically disadvantaged persons associated with sponsoring agencies and churches to specific sponsor activities such as health appointments and volunteer work sites.
- I prefer to volunteer for Workers on Wheels.** Workers on Wheels (WOW) is an Active Generations program using volunteer drivers to provide rides, using the volunteer's personal vehicle, to qualified seniors and persons with disabilities to medical appointments and grocery shopping.
- I do not have a preference** and would volunteer for either program.
- I would like to be contacted by the Helpline Center to learn about additional volunteer opportunities.** The Helpline Center is the community's volunteer information center and is able to connect you with volunteer opportunities that match your interests, skills and the time you have to give. You may dial 2-1-1 to obtain immediate personalized assistance from the Helpline Center.



## Volunteer Driver Application: Detachable Addendum

This information will be used by the sponsor for statistical purposes only. It will only be used in the aggregate, and will not be compiled or disseminated in ways that will identify the individuals. **This information will not be used in evaluating assignments or placements. Completion of this section is strictly voluntary.** Failure to respond will in no way affect your consideration for available volunteer opportunities.

What is your age?	<input type="checkbox"/> Under 18 yrs	<input type="checkbox"/> 18 - 25 yrs	<input type="checkbox"/> 26 - 35 yrs	<input type="checkbox"/> 36 - 50 yrs	<input type="checkbox"/> Above 50 yrs
Are you a Veteran?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you Hispanic or Latino?					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>What is your race?</b> (Select one or more) <input type="checkbox"/> <b>American Indian or Alaska Native.</b> A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment. <input type="checkbox"/> <b>Asian.</b> A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. <input type="checkbox"/> <b>Black or African American.</b> A person having origins in any of the black racial groups of Africa. <input type="checkbox"/> <b>Native Hawaiian or Other Pacific Islander.</b> A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. <input type="checkbox"/> <b>White.</b> A person having origins in any of the peoples of Europe, the Middle East, or North Africa.					