



## Volunteer Driver Application Packet

Thank you for considering *Out and About Senior Transportation* for your Volunteer Services! Our volunteers offer their time by driving eligible seniors over the age of 60 to various appointments and errands, helping to keep them independent and in their homes longer. Our program is a great way to give back to your community. Volunteers can donate as little as two hours per week or as many as forty and can flex from week to week—your schedule is completely up to you!

***Our Program offers flexibility to accommodate your schedule!!***

At Out & About we recognize that the price of gas is at an all-time high. As a small token of appreciation and to help offset the cost, the City of Vista offers mileage reimbursement to our volunteers. That means for every mile you drive a registered Out & About Rider, you will be reimbursed the IRS Standard Rate of .58 cents per mile!

If this volunteer opportunity seems like a good fit for you, give our office a call today at 760-639-6161. We will be glad to answer any questions you might have. Fill out the attached application and include copies of the following documents:

- ✓ Driver's license
- ✓ Automobile insurance
- ✓ Automobile registration

Out & About thanks you for your interest in our program and your willingness to share your time and skills. Every ride that you provide makes a difference for someone in our community.

Sincerely,

Gloria McClellan Center  
gmacvista.com  
760.643.5288

# Volunteer Driver Application



Name: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Name of Auto Insurance Co.: \_\_\_\_\_ Policy No.: \_\_\_\_\_

1. Do you have previous volunteer experience? Yes  No  If yes, please list where

\_\_\_\_\_

2. Briefly explain why you are interested in volunteering as a driver for Out & About?

\_\_\_\_\_

3. How did you hear about our volunteer program?

\_\_\_\_\_

4. Are you currently employed with the City of Vista? Yes  No  If yes, what department

\_\_\_\_\_

5. Have you had any traffic violations within the last 3 years? Yes  No  If yes, please give a brief description of the violation.

\_\_\_\_\_

6. Have you had a traffic accident within the last 5 years? Yes  No  If yes, please give a brief description of the violation.

\_\_\_\_\_

7. Have you ever been convicted of a felony? Yes  No  If yes, please give a brief description of the crime you were convicted for.

\_\_\_\_\_

8. Do you have any physical limitations or take any medications that may have an effect on your driving ability? Yes  No

*If yes, a statement from your doctor is required stating that you are capable of participating in our program as a volunteer driver. \*\*\*Statement form available from Coordinator*

## What is your Availability?



Are you available to transport all registered participants in the Out & About Vista program?

Yes  No  If no, please indicate who you will be transporting. \_\_\_\_\_

Are you willing to transport people who use fold-up wheelchairs? Yes  No

What days are you available to volunteer? Mon  Tue  Wed  Thu  Fri  Sat  Sun

Additional info on availability: \_\_\_\_\_

How far are you willing to drive? North County (Carlsbad, Encinitas, San Marcos, Escondido)

Vista Only  San Diego  All Areas in San Diego County

## Personal References

**Please list 2 personal references that do not include family members.**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

# Statement of Understanding



1. My purpose as a volunteer driver is to provide safe, reliable and friendly transportation to and from essential services (e.g. medical facilities, social services, nutrition sites, etc.) for older adults living within the city of Vista, CA.
2. I understand that I am required to meet the following standards for motor vehicle insurance. My personal insurance is the primary liability protection and must be issued by a company authorized to do business in the state of CA. I understand that there will be a gap of coverage if my insurance does not reach the City's excess policy level.

The following minimum insurance coverage is required by the State of California:

\$25,000 bodily injury, each person  
\$50,000 bodily injury, each accident  
\$10,000 property damage

In addition, the City of Vista provides the following excess insurance:

\$500,000 bodily injury, each person  
\$500,000 bodily injury, each accident  
\$500,000 property damage

3. I understand that I am responsible for notifying Out & About Vista if I am involved in a vehicle accident or if I receive any traffic citations.
4. I agree to keep my vehicle mechanically sound and equipped with seat belts which I will use and enforce my passengers to use.
5. I will maintain true and accurate records required by Out & About Vista.
6. I will notify the Out & About Vista at the time I no longer wish to be involved in this program. Either the Out & About Vista, or I, may terminate this agreement at any time.

**I have read and understand the above statement.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_