**Volunteer Driver Guidelines**

**Volunteer Driver Position Description**

**Main Duties:**

Drive Wheels of Hope clients wherever they want to go within our service area. Medical appointments, shopping, and social visits are frequent destinations.

Provide door **through** door service to every client and assist them with basic errands when necessary (such as grocery shopping and filling prescriptions).

**Time Frame:**

*Length of commitment:* One year with a minimum of four hours per month.

*Schedule:* Flexible. We will accommodate your schedule.

**Requirements:**

* Valid driver’s license and at least three years of driving experience.
* A safe driving record with no moving violations for at least three years.
* Clear criminal history check.
* Proof of liability insurance for each vehicle used to transport clients.
* Current registration for each vehicle used to transport clients.
* Personal references from three non-relatives.

**Benefits:**

* Make a positive difference in someone’s life.
* Develop lasting relationships and personal connections with the people you help.
* Meet other community-minded people.
* Learn more about the people who live in your community.
* Receive training and build your resume.
* Invitations to volunteer appreciation events.

**Volunteer Responsibilities:**

1. Maintain an insured and registered vehicle. Inform the Wheels of Hope office of any changes to your motor vehicle record and/or insurance policy.

2. Provide safe, clean, and comfortable transportation.

3. Arrive on time to pick up clients.

4. No smoking during the entire shift.

5. Do not consume alcohol or take prescription drugs that will affect your ability to drive before or during your shift.

6. Have the Wheels of Hope magnetic placard visible on the passenger side door.

7. Maintain a professional demeanor at all times with Wheels of Hope clients. Accepting tips or gifts from clients is prohibited.

8. Call the Wheels of Hope office (706-765-8332) with any unexpected issues during your shift, such as running late or inability to start or complete a scheduled ride.

9. Maintain confidentiality of our clients at all times. Sharing their personal information with anyone outside of Wheels of Hope is prohibited.



**Volunteer Driver Application**

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

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

Telephone: (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Other) \_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_\_

Driver’s License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Exp.: \_\_\_/\_\_\_/\_\_\_\_

What is your gender? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prefer not to answer ☐

Emergency Contact:

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

Name Relationship Phone

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

Street Address City State/Zip Email

Driving:

Years driving experience: \_\_\_\_\_\_\_\_ Estimated miles driven last year: \_\_\_\_\_\_\_\_\_\_\_

When was the last time your vision was examined? \_\_\_\_\_\_\_\_\_\_\_\_\_

Is your vision adequate for driving safely? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any limitations

Employment:

Current employment: None ☐ Full-time ☐ Part-time ☐ Between jobs ☐ Retired ☐

Occupation(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

References:

Please list three people not related to you whom you have known for at least one year:

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Phone and/or mailing address How acquainted? #years

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Phone and/or mailing address How acquainted? #years

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Phone and/or mailing address How acquainted? #years

Have you had any past criminal convictions or any charges currently pending against you in a court of law?

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

If yes, please explain

Have you been convicted of any moving violations in the past three years? \_\_\_\_\_\_\_\_\_

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

If yes, please explain

**This information is correct to the best of my knowledge. I give Wheels of Hope permission to verify this information and contact my references.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

Signature Date

How did you hear about Wheels for Hope? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What specifically led you to volunteer with us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

What other volunteer work have you done before? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Are you a member of any professional organizations or labor unions? Yes ☐ No ☐

Please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever served on active duty in the U.S. Armed Forces, Military Reserves, or National Guard? Yes ☐ No ☐

Education:

Highest grade/Degree Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had first aid training? ☐ Yes ☐ No

If yes, please list date last training was completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnic Background:

African American ☐ Asian ☐ Caucasian ☐ Hispanic or Latino ☐

Hawaiian/Pacific Islander ☐ Indigenous ☐ Not listed ☐ Please specify \_\_\_\_\_\_\_

**Volunteer Driver Weekly Schedule:**

Wheels of Hope will work with your weekly schedule. We provide transportation 24 hours a day, 7 days a week.

How many days of the week are you willing to drive? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much time are you willing to drive on any given day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list the time periods you are generally available for each day of the week:

Monday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tuesday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Wednesday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Thursday\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Friday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Saturday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sunday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything else you want us to know about your availability?

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

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



**Authorization to Request Criminal History Record**

This authorization is required to check your Criminal History Record from the Georgia Crime Information Center and/or the Clarke County Sheriff’s Department.

Full Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

Previous or maiden name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_ Social Security Number (required): \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_

Month Day Year

**I authorize Wheels of Hope to request and receive any and all criminal history information about me for volunteer purposes.**

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

This document was signed before me on this \_\_\_\_ (day) of \_\_\_\_\_\_\_\_ (month),

\_\_\_\_\_\_\_\_ (year) by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ . In the state of Georgia, county of

\_\_\_\_\_\_\_\_\_\_\_\_\_.

Identification used \_\_\_\_\_\_\_\_\_\_\_\_ ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(seal)

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

Signature of Notary Public, State of Georgia

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

Printed name of Notary Public, State of Georgia

**Volunteer Vehicle Information**

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

First Middle Last

Vehicle Owner’s Name (if you are not the owner): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street address, town, and phone number of vehicle owner:

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

Vehicle Description: (If more than one vehicle will be used to transport Wheels of Hope clients, please fill out a description form for each vehicle)

Vehicle #1:

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

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

Registration Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle #2:

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

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

Registration Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_