

**I CARE, Inc. 300 E. Ponce de Leon Ave., Ste. 313, Decatur, GA 30030  
404-377-2273; FAX 404-378-2914  
Volunteer Application Form (page 1 of 2) revised 5-20-2009**

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number(s) we can use to reach you: \_\_\_\_\_

e-mail address: \_\_\_\_\_ Fax: \_\_\_\_\_

Where did you hear about I CARE? \_\_\_\_\_

Please provide the name and phone number of two references (people not related to you):

1) \_\_\_\_\_ 2) \_\_\_\_\_

Current or previous work experience: \_\_\_\_\_

Current or previous volunteer experience: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Make and model of vehicle: \_\_\_\_\_

Automobile Insurance Company name: \_\_\_\_\_

Accidents/tickets last 5 years? Yes\_\_ No\_\_ If yes, please describe below:

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In connection with your volunteer application and registration, I CARE will need to check your driving record and/or general background. Please sign to indicate your permission to do so.

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

(over)

The following information will help us match your preferences with client needs:

How many rides do you wish to take per month? \_\_\_\_\_

Times or days you are NEVER available? \_\_\_\_\_

When are you available to start? \_\_\_\_\_

If in general, there are particular days and times you are most available, you may indicate them by marking “yes” or “no” on the chart below. NOTE: If your schedule varies, and you prefer to notify us of your availability periodically, you need not complete this chart.

	Morning (9am-12:30)	Afternoon (12:30-4:30)	Notes
Mondays			
Tuesdays			
Wednesdays			
Thursdays			
Fridays			

-Do you speak any languages other than English? If so, which ones? \_\_\_\_\_

Please indicate any additional skills you may be able to offer on an occasional basis:

Speaking to civic, religious, or other groups about I CARE \_\_\_\_ Word processing/data entry \_\_\_\_

Answering office phones \_\_\_\_ Fundraising \_\_\_\_

Media Relations \_\_\_\_ Grant writing \_\_\_\_

Graphic design/desktop publishing \_\_\_\_ Special event planning \_\_\_\_

Music or other entertainment at I CARE events \_\_\_\_ Web design \_\_\_\_

Computer/IT support \_\_\_\_ Other (please list): \_\_\_\_

Thank you! Upon completing the application, please mail or fax it in and/or call I CARE at 404-377-2273 to schedule a sign-up appointment.

**Background History Check**

**I CARE, Inc.  
300 E. Ponce de Leon Avenue, Ste. 313  
Decatur, GA 30030  
404-377-2273**

As part of my volunteer application, my signature below authorizes the above company to receive any criminal history record information pertaining to me that may be on file at any state or local criminal justice agency.

\_\_\_\_\_  
Full Name (*Printed*)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Height

\_\_\_\_\_  
Weight

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
I CARE Representative Signature

\_\_\_\_\_  
Date