

# I CARE, Inc.

735 Sycamore Drive, Decatur, GA 30030

Office: 404-377-2273 Email: [coordinator@icarseniors.org](mailto:coordinator@icarseniors.org)

## Volunteer Application Form

I CARE provides FREE transportation to seniors of DeKalb County to medical appointments. We have been serving fixed and low income DeKalb seniors since 1999. The FREE transportation and companionship provided to our clients makes I CARE a unique door to door service. It is solely due to a committed group of volunteer drivers that we are able to serve the seniors of DeKalb County. Thank you for your interest in joining our team! Upon completing the application, please mail or email. We will call you to schedule a sign-up chat.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

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

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

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

E-mail address: \_\_\_\_\_

How 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 volunteer experience: \_\_\_\_\_

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

Driver's License State of Issuance: \_\_\_\_\_ Expiration date: \_\_\_\_\_

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

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

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

Insurance Policy #: \_\_\_\_\_

Auto Insurance Expiration date: \_\_\_\_\_

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

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I agree that the driver and all passengers will use seatbelts at all times. I will obey all applicable driving laws. I understand that the failure to follow these laws may result in my immediate prohibition from providing further volunteer driver services with I CARE, Inc.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Date you will be able to begin driving? \_\_\_\_\_

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

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			

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

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**Background History Check**

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