



# Getting There Ride Share Volunteer Application

Today's date: \_\_\_\_\_

## PERSONAL INFORMATION:

Name \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zipcode \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other \_\_\_\_\_

Email \_\_\_\_\_ Indicate preferred mode of contact \_\_\_\_\_

Emergency contact person \_\_\_\_\_ Phone \_\_\_\_\_

Address for Emer. Contact \_\_\_\_\_

Relationship to self \_\_\_\_\_

How did you hear about Getting There Ride Share? \_\_\_\_\_

Do you speak a second language? Please list it \_\_\_\_\_

## CHARACTER REFERENCE: List one personal reference we may contact

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

Relationship: \_\_\_\_\_

Day of week available \_\_\_\_\_ Time available \_\_\_\_\_

I will drive in and out of Harford County. Yes \_\_\_No \_\_\_

Other comments or limitations: \_\_\_\_\_

Volunteer signature \_\_\_\_\_



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**DRIVING RECORD:** Please obtain and attach copy of MD driving record with this application.

As a driver, have you ever been involved in an automobile accident? Yes \_\_\_ No \_\_\_

If yes, indicate date(s) of accident(s) and whether you were at fault. Also include number of injuries or fatalities.

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Have you been convicted of eluding a police vehicle, reckless driving, vehicular assault/homicide, DUI, DWI, or any similar offense? Yes \_\_\_ No \_\_\_? If yes, please describe below.

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Driver's license information: Please submit a copy of your driver's license and proof of insurance.

Drivers' license # \_\_\_\_\_

List license restrictions \_\_\_\_\_

Has your driver's license ever been revoked, suspended, or refused? Yes \_\_\_ No \_\_\_ Explain.

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Have you completed a Defensive Driving Class? Yes \_\_\_ when completed \_\_\_\_\_ No \_\_\_

I acknowledge that the information is have provided in these pages is true and honest. I certify that I am currently insured through the stated insurance company for automobile liability insurance. I agree not to transport any passengers if my license or registration and insurance are not all current or valid.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_



# Getting There Ride Share Volunteer Application

**VEHICLE INFORMATION:** Please complete all that apply to your vehicle(s).

**#1 (primary vehicle)**

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Color \_\_\_\_\_ 4 door \_\_\_\_\_ 2 door \_\_\_\_\_ Car \_\_\_\_\_ Truck \_\_\_\_\_ Van \_\_\_\_\_

List passenger capacity, minus the driver \_\_\_\_\_ Airbags \_\_\_\_\_ Seatbelts \_\_\_\_\_

License plate # \_\_\_\_\_

**#2 (alternate vehicle)**

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Color \_\_\_\_\_ 4 door \_\_\_\_\_ 2 door \_\_\_\_\_ Car \_\_\_\_\_ Truck \_\_\_\_\_ Van \_\_\_\_\_

List passenger capacity, minus the driver \_\_\_\_\_ Airbags \_\_\_\_\_ Seatbelts \_\_\_\_\_

License plate # \_\_\_\_\_

**ATTACH COPY OF YOUR PERSONAL AUTOMOBILE INSURANCE COVERAGE DOCUMENTATION**

Driver's automobile insurance company name \_\_\_\_\_

Has any insurance company ever refused cancelled or non-renewed automobile insurance to you?

Yes \_\_\_ No \_\_\_ Explain if yes

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

**STATEMENT OF AGREEMENT:** I understand that Getting There Ride Share requires volunteers report to duty alcohol-free and free from the influence of any drug that may affect my ability to perform the duties of my volunteer assignment.

I authorize all persons, schools, companies, and law enforcement authorities to release any information they desire concerning my background and release from them any liability for any damage, real or implied for issuing the information. Getting There Ride Share has my authorization to make periodic checks of my criminal and driving records and my proof of insurance.



## Getting There Ride Share Volunteer Driver Agreement

The purpose of the volunteer driver is to support the mission of Getting There Ride Share by providing transportation for registered senior passengers. Any other activity performed for the passenger is my responsibility and is not a service provided by Getting There Ride Share. A Getting There Ride Share volunteer driver transports passengers in their personal vehicle. While driving for Getting There Ride Share the volunteer and passengers are covered by the driver's personal automobile insurance policy. It is the responsibility of the volunteer to verify that their personal policy provides adequate liability coverage.

I understand that my personal automobile insurance is my primary liability protection. In the event of an accident, injury, or vehicle damage, the liability insurance policy of Getting There Ride Share does not provide primary or direct insurance on my vehicle. Getting There Ride Share's insurance will take effect as the secondary coverage.

I will provide proof of my vehicle insurance coverage. In the event that my coverage changes or is canceled, I will immediately notify Getting There Ride Share.

I have had a valid driver's license for the past three (3) years. I am providing a copy of my valid driver's license. I authorize Getting There Ride Share to request a copy of my Driving Record.

I have had no at-fault vehicle accidents in the past three (3) years or other traffic violations indicating unsafe driving practice and agree to have Getting There Ride Share verify my driving record. While this agreement is valid I will notify Getting There Ride Share promptly of 1. Involvement in a vehicle accident or any other emergency. (Call 911 FIRST) 2. Receiving a traffic citation for a moving violation.

I am physically capable of driving my vehicle safely and will not drive while using any drug that may affect my driving ability, either prescription or "over the counter." If requested, I will provide a statement from my physician stating that I am capable of participating in this program.

The vehicle I use for Getting There Ride Share is mechanically sound. I will enforce seat belt use as required by law. I assert that my vehicle is safe, receives regular maintenance and has all required inspections and insurances.

I authorize Getting There Ride Share to conduct a Criminal History Background Check. I understand that no financial or credit history information will be requested.

I hereby release and forever discharge and agree that I, my assignees, heirs, guardians, and legal representatives, will not make a claim against Getting There Ride Share or its officers and directors, collectively or individually, or any of the volunteer workers, for any injury or death to me, however caused, arising from my participation in this program. I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to person or property in any way associated with my participation in this program.

I will notify Getting There Ride Share at the time I can no longer volunteer. Either Getting There Ride Share, or I, may terminate this agreement at any time.

I have read and agree to abide by the Policies and Procedures set forth for Getting There Ride Share Volunteer Drivers, affirm that I have read and understand this Agreement, and that I accept each of the declarations made above.

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Signature

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Date





# Getting There Ride Share Confidentiality Policy Agreement for All Volunteers

The principal of confidentiality is basic to maintenance of professional ethics and community respect. Getting There Ride Share passengers act in good faith, expecting their circumstances and personal matters to remain confidential and Getting There Ride Share is obligated by law and ethics to reciprocate. Confidentiality of rider information is maintained for the protection of the passenger and Getting There Ride Share.

Staff members and volunteers will use the following procedures. (Note: a passenger is defined as a senior registered as a program participant).

1. All staff members and volunteers are responsible for protecting the confidentiality of all passengers.
2. All information concerning passengers of Getting There Ride Share is considered confidential.
3. All written information regarding the passengers of Getting There Ride Share is filed in the office with access limited to volunteers and staff assisting these passengers. Files may not be removed from the office without authorization of the Executive Director.
4. Passenger-related materials used outside the office, must be safe guarded by the responsible volunteer or staff member.

I have read and agree to abide by the above Confidentiality Policy.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

## Permission to Use Photographs and Recordings

I hereby consent to the use by Getting There Ride Share and/or persons authorized by them, of any photographs or recordings of me for outreach publicity and/or educational purposes, without limitation or compensation.

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

Signature \_\_\_\_\_

**Please return all forms to:  
Getting There Ride Share/Wilson Ministry Center  
1024 Main Street  
Darlington, MD 21034**