

## Volunteer Driver Application

Please complete the required forms and then send them back to our office along with the required photocopies. Feel free to come into the office and use our photocopier.

Please remember to sign the last page of the Handbook **after** you have read the handbook! We will notify you in the event of a problem/issue/concern. Assuming that your driver's license check and background check are fine, you'll hear from us when we call asking about a possible trip.

### Required Forms for Volunteer Program

- Volunteer Application and W-9
- Release of Information
- Photocopy of Valid Driver's License
- Photocopy of Current Vehicle Insurance Policy Declaration Page
- Caregiver Back Ground Check Form



SWT-LIFT ☒ 138 S Iowa Street ☒ Dodgeville, WI 53533 ☒ 1-877-798-5438

Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

City, State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Interested In:  Driving  
 Other (Please Describe) \_\_\_\_\_

Present/Past Work Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Skills/Knowledge: \_\_\_\_\_  
\_\_\_\_\_

Do you have any physical limitations that would affect your volunteer service?

Yes  No      Able to Get In/Out of Car?  Yes  No

Please provide us with three references that are not related to you:

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

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

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



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**VOLUNTEER AUTHORIZATION FOR BACKGROUND CHECK**

I understand that SWCAP may obtain background information about me for my volunteer position and I understand that such information may include information about my criminal and driving history as well as information regarding my general character and reputation. I hereby authorize any business, organization, government agency, entity or individual to release to SWCAP any information held by them regarding my criminal and driving history. I understand that any information obtained about me may be reviewed initially and periodically by SWCAP. I agree that falsification of information needed to facilitate a background check may make me ineligible for a volunteer position.

I understand that driving a company vehicle (or my own vehicle, as required) is a requirement of the position I am being considered for and that having and maintaining a satisfactory driving record is a condition of my volunteer position. I agree to allow SWCAP to check my driving record prior to volunteering and to check it periodically thereafter. I further agree to report any license suspensions, accidents or offenses, or any other condition that may affect my ability to drive a SWCAP vehicle (or my own vehicle, if I am required to drive) to my direct report immediately.

I understand that SWCAP will not furnish background information about me to a third party without my written consent.

I agree to release and hold harmless SWCAP, its employees and those who supplied it with the information from any claims, or requests for damages, costs, attorneys' fees or other amounts incurred by me as a result of the obtainment, forwarding, or use of the aforementioned background information. I further release SWCAP and their respective owners, officers, agents and employees from any and all liability arising out of errors and omissions related to the obtainment or use of background information about me.

\_\_\_\_\_  
Print Name

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

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

\_\_\_\_\_  
State of License

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature