



138 S Iowa St, Dodgeville, WI, United States, 53533
608-930-2191

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



www.swcap.org

LIFT rides

138 S Iowa St, Dodgeville, WI, United States, 53533
608-930-2191

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: _____



138 S Iowa St, Dodgeville, WI, United States, 53533
608-930-2191

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