



## Volunteer Application

City Fare is a nonprofit, equal opportunity agency dedicated to a policy of non-discrimination on any basis, including race, color, age, sex, religion, disability, and national origin. Our agency serves clients age 60 and over who may have numerous medical problems. Due to the fact that you will be dealing with confidentiality, and the potential for emergency situations or hazardous road conditions, the following information is requested to protect you and City Fare.

### FOR OFFICE USE ONLY

Date Trained: \_\_\_\_\_  
Placement: \_\_\_\_\_  
References: \_\_\_\_\_  
Start Date: \_\_\_\_\_  
On Schedule: \_\_\_\_\_  
Mailing List: \_\_\_\_\_  
End Date: \_\_\_\_\_

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: home: (\_\_\_\_) \_\_\_\_\_ work: (\_\_\_\_) \_\_\_\_\_

cell: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you employed?      Yes      No

If "yes", where?: \_\_\_\_\_ How long?: \_\_\_\_\_

### In case of emergency, contact:

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

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

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you have a valid driver's license?      Yes      No

Issuing state: \_\_\_\_\_ Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Do you have use of a reliable car?      Yes      No

Do you have proof of insurance? Yes No

If "yes", Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Have you ever been convicted of a felony? Yes No

**Personal References:**

List below two people not related to you, whom you have known for at least 1 year

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

How long have you known this person? \_\_\_\_\_

In what capacity? \_\_\_\_\_

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

How long have you known this person? \_\_\_\_\_

In what capacity? \_\_\_\_\_

I certify that the facts contained in this application are true and complete to the best of my knowledge.

I understand that in the event of being assigned a volunteer position, I must agree to abide by all rules and regulations set forth by City Fare. I also understand that all information about City Fare and the clients served by this program is to remain strictly confidential.

I authorize City Fare to contact the references I have listed above for disclosure of information regarding character and general reputation.

I have read and agree to abide by the Volunteer Code of Ethics.

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

***Please attach photocopy of proof of identification and insurance.***