



487 East Main Street, 218
Mount Kisco, NY 10549
914-764-3533
www.westfairrides.org

Return form to:
Fax: 888-278-9205
or e-mail:
info@westfairrides.org

VOLUNTEER APPLICATION

All information in this document is confidential.
Please print.

Name/Last _____ First _____ Middle _____
(Use legal name)

Address _____ Apt. # _____

City _____ State _____ Zip _____ Email _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Male / Female _____ Date of Birth _____ Physical Limitations _____
(Circle One) (Month/Day/Year) (Be specific; if none, write none)

Volunteer Type: General Driver Visitor Work Meals Escort

Level of Assistance You Will Offer: Wheelchair In-the-Door To-the-Door Curb-to-Curb Escort

Your availability: Sun Mon Tues Wed Thu Fri Sat Short Notice

Hours: _____ Frequency: _____
(specify)

REFERENCES (Personal or professional; not a relative)

Name _____ Relationship _____ Phone () _____

Address _____

Name _____ Relationship _____ Phone () _____

Address _____

Name _____ Relationship _____ Phone () _____

Address _____

IN CASE OF EMERGENCY, PLEASE NOTIFY

1) Name _____ Relationship _____ Day Phone () _____

1) Name _____ Relationship _____ Day Phone () _____

DRIVING INFORMATION

If you are volunteering for a position that requires driving, WestFair Rides requires a valid driver's license and proof of automobile insurance. Are you able to use your automobile if the volunteer position requires one?

Yes _____ No _____

As a volunteer, I agree to provide copies of the following: a valid driver's license, auto insurance declarations page, and auto registration card. I agree to mail or deliver copies of these documents to WestFair Rides, so that they can be filed with this application. I will immediately notify my volunteer supervisor if my driver's license is restricted, suspended, revoked, or expired.

Insurance Carrier _____ Policy # _____ Expires _____
Driver's License # _____ State of Issue _____ Expires _____
Auto registration # _____ State of Issue _____ Expires _____
Signature of Applicant _____ Date _____

VEHICLE INFORMATION

My Vehicle Is: Small Medium Large SUV/VAN WC Lift My Vehicle is not curb level (high):

Year: Make: Model: Plate #: Seats:

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CRIMINAL HISTORY

Have you ever been convicted of a misdemeanor or felony, or are any misdemeanor or felony charges pending against you? Yes ___ No ___ If yes, please explain below. (Note: Answering yes will not automatically prohibit individuals from becoming volunteers, but will be considered with respect to time, circumstances, seriousness and relationship to volunteer responsibilities. Volunteer driver positions require a criminal history background check and a motor vehicle background check. The volunteer driver will receive an email invitation from WestFair Rides with a link to www.Intellicorp.net where the driver will be able to submit personal information (social security number, driver's license number, address) directly and to authorize Intellicorp to run the background checks. WestFair Rides will never see the driver's social security number, which is required to run the background checks.)

My signature below certifies that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification on this application can disqualify me from consideration or result in my volunteer services being denied. Furthermore, my signature below provides my authorization to WestFair Rides to conduct driver license and motor vehicle record checks as needed, as well as reference checks to determine my suitability for placement.

I hereby release all parties from any liability for furnishing this information.

Signature of Applicant _____ Date _____

WestFair Rides acknowledges that equal opportunity for all persons is a fundamental human value. Each volunteer applicant will be considered on the basis of individual ability and merit, without regard to race, color, age, religion, national origin, disability, sexual orientation, sex, or marital status.

Authorization for Criminal History Record Check

I, _____ (print your name), hereby authorize WestFair Rides or a third party vendor to obtain information pertaining to any criminal charges currently pending and/or convictions I have had for violation of municipal, county, state or federal laws. I understand that this information will be gathered from any law enforcement agency of this state or any state or federal government, or from third-party providers of information originally obtained from law enforcement or court records.

I understand that I will be given a copy of the record and an opportunity to challenge the accuracy of any information received that appears to implicate me in criminal activities before any adverse action is taken. To facilitate this challenge, I will be told the nature of the information and the agency from which it was obtained. It will be my responsibility to contact that agency to correct any inaccuracies. I further understand that until WestFair Rides receives notification from that agency correcting any inaccuracies any employment or volunteer assignment will be deferred.

As an applicant for a staff/volunteer position, I hereby attest to the truthfulness of the representations I have made regarding my criminal history, if any. Except as I have disclosed, I have not been found guilty of, or entered a plea of nolo contendere or guilty to any criminal misdemeanor or felony. I understand that I do not have to disclose any sealed or expunged conviction records.

I understand that I must be truthful and, if any statement I have made is found to be false, I will be denied the position for which I am making application or, if already accepted, terminated from my position. I understand that conviction records are not an automatic bar to employment and will be reviewed based on their number, nature and recentness to determine suitability for the position.

SIGNATURE OF APPLICANT

DATE

Applicant – Please clearly print all information.

FULL NAME OF APPLICANT

ADDRESS

CITY

STATE

ZIP

TO BE COMPLETED BY ORGANIZATION: Identification verified with government issued picture identification.

DATE

TYPE OF IDENTIFICATION

VERIFIER'S INITIALS