



Volunteer Application

Date _____
Name _____ Phone _____ Gender _____
Mailing Address _____ Birth Date _____
City _____ State _____ Zip _____ Cell Phone _____
Email Address _____
Valid Driver's License Number _____ Expiration Date _____
Are you vaccinated for Covid? _____
How did you hear about our volunteer opportunities? _____

Race and Ethnic Background: American Indian/Eskimo/Aleut _____ Asian/Pacific Islander _____
Black _____ White _____ Multi-Racial (Indicate) _____
Are you Hispanic? Yes _____ No _____

Previous or Current Volunteer Service: _____

Emergency Contact Information:

Name _____ Relationship _____ Phone _____
Street _____
City/State/Zip _____
In case of an emergency do you authorize treatment? Yes _____ No _____

References:

List 2 references (other than relatives) that have known you for at least 2 years. Please let your references know that they may be contacted by phone or in writing.

Name _____ E-mail Address _____
Street _____
City/State/Zip _____ Phone _____

Name _____ E-mail Address _____
Street _____
City/State/Zip _____ Phone _____

Photo Permission:

I do ____ do not ____ give the Shepherd's Center of Greater Kalamazoo my permission for my name, videos or photographs to be used in publications, news releases, online, and in other communications related to the mission of the Shepherd's Center of Greater Kalamazoo.

Driving Record:

Yes ____ No ____ Are you currently a licensed driver? A copy of your license will be kept on file.

Yes ____ No ____ Do you currently carry, on the personal vehicle you drive for volunteering, at least the State of Michigan required minimum insurance coverage for Personal Liability/Property Damage?

Yes ____ No ____ Have you received a ticket for any driving violations (parking tickets are not included) in the past 2 years? (If yes, please explain the nature of the tickets on a separate sheet and attach to this form.)

Have you ever been convicted of a felony and/or a misdemeanor? Yes ____ No ____ . If yes, please explain: _____

Agreement to Notify of Driving Events:

I agree to immediately inform the Shepherd's Center office if my driver's license is suspended or revoked, or if I have *Driving Under the Influence* or *Driving While Intoxicated* charges pending.

I must also notify the Shepherd's Center office if my personal auto insurance is cancelled or not renewed. These notifications are required even if the offenses are not related to my volunteer work for Shepherd's Center. This information will not be released to unauthorized persons.

Traffic Laws:

I agree to follow all traffic laws, observe speed limits, and operate vehicles in a safe manner.

Seat Belt Usage:

I agree to transport people only in the passenger seats equipped with appropriate seat belts. I agree to always require seat belt usage.

Safe Vehicles:

I agree to transport people only in vehicles that are in safe operating condition.

I have truthfully and accurately responded to the questions above. I understand that if I utilize my personal vehicle in the performance of my volunteer duties, my driving record will be requested from the Michigan Department of State. In addition, I will notify the Shepherd's Center if any of the driving events listed above occurs. I agree to maintain a valid driver's license and the State of Michigan required minimum coverage for Personal Liability/Property Damage. I understand that by signing this application, I am authorizing a check of the references supplied by me and a confidential criminal history check to be conducted on me by the Shepherd's Center.

Signature _____ **Date** _____