



WILSHIRE

COMMUNITY SERVICES, INC

VOLUNTEER APPLICATION

May be submitted to Volunteer Coordinator:
 285 South Street, Suite J, San Luis Obispo, CA 93401
jdietze@wilshirehcs.org or Fax: (805) 549-0654

APPLICANT INFORMATION			
Last Name:	First:	M.I.:	DOB:
Street Address:		Apartment/Unit #:	
City:	State:	ZIP:	
Home Phone:	E-mail Address:		
Cell Phone:	Preferred Method of Contact <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> E-mail		
Language Abilities:	How did you hear about Wilshire Community Services?		
Mileage Reimbursement : <input type="checkbox"/> RSVP/CCCV Program <input type="checkbox"/> WCS Program <input type="checkbox"/> Not requesting reimbursement			
Current Status: <input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed <input type="checkbox"/> Student			

CURRENT/PREVIOUS EMPLOYMENT		
Current Company:	Job Title:	
Responsibilities:		
From:	To:	Reason for Leaving:
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Previous Company:	Job Title:	
Responsibilities:		
From:	To:	Reason for Leaving:
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Previous Company:	Job Title:	
Responsibilities:		
From:	To:	Reason for Leaving:
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>

CURRENT OR PREVIOUS VOLUNTEER EXPERIENCE	
Organization:	Dates Involved:
Volunteer Activity:	
Organization:	Dates Involved:
Volunteer Activity:	

EDUCATION	
Highest Level of Education:	
Degree Earned:	
Program of Study:	

MILITARY SERVICE		
Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, explain:		

TYPE OF VOLUNTEER SERVICE	
<i>Please indicate which of the following services you are interested in providing:</i>	
Good Neighbor Program <input type="checkbox"/> Transportation <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Pet Assistance <input type="checkbox"/> Office Assistance	
Caring Callers Program <input type="checkbox"/> Friendly in-home visits	Outreach <input type="checkbox"/> Events <input type="checkbox"/> Fundraising
<i>What form of transportation will you use to reach clients?</i>	
<input type="checkbox"/> Personal vehicle (i.e. car or truck) <input type="checkbox"/> Public Transportation <input type="checkbox"/> Bicycle <input type="checkbox"/> Walk <input type="checkbox"/> Other: _____	
<i>If transporting clients, please indicate which of the following your vehicle has space to safely accommodate:</i>	
<input type="checkbox"/> Cane or Crutches <input type="checkbox"/> Walker <input type="checkbox"/> Travel Wheelchair <input type="checkbox"/> Portable Oxygen <input type="checkbox"/> Non-driving Spouse/Caregiver	
<i>Please indicate the frequency with which you would prefer to volunteer (Caring Callers minimum 1x per week):</i>	
<input type="checkbox"/> One time per month <input type="checkbox"/> One Time Per Week <input type="checkbox"/> As Needed	
<p align="center"><i>Please indicate your preferences:</i></p> <input type="checkbox"/> I prefer male client <input type="checkbox"/> I prefer a non-smoker <input type="checkbox"/> I prefer a female client <input type="checkbox"/> I prefer a home with no pets <input type="checkbox"/> I do not have a gender preference <input type="checkbox"/> Other: _____	<p align="center"><i>Please check all geographical areas you will serve:</i></p> <input type="checkbox"/> North County: Paso Robles, Templeton, Atascadero <input type="checkbox"/> South County: Nipomo, Arroyo Grande, Pismo Beach <input type="checkbox"/> Coast Cities: Los Osos, Morro Bay, Cayucos, Cambria <input type="checkbox"/> City of San Luis Obispo
<i>Would you consider serving a client with known memory difficulties?</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only with a caregiver	

PERSONAL REFERENCES	
<i>Please list two personal references who are not family members.</i>	
Full Name:	Relationship:
Number of Years Known:	Phone:
Full Name:	Relationship:
Number of Years Known:	Phone:

INDIVIDUAL INFORMATION

What draws you to this type of volunteering?

How do you feel about your own aging?

How do you feel about the aging of others?

How do you think you would handle a client from a different background, world view, or value system?

Please describe any special interests/hobbies you could share with a client. (i.e. sewing, woodworking, history.)

Please describe any previous experience you have interacting with older adults.

Is there anything else you would like us to know about your specific needs and/or interests?

Do you have any limitations that would need to be accommodated or would limit your ability to volunteer?

Yes No

If yes, please explain:

EMERGENCY CONTACT

Please list a person you would like us to contact in case of emergency.

Full Name:

Relationship:

Phone Number:

Alternate Phone:

DISCLAIMERS AND SIGNATURE FOR NON DRIVERS ONLY

As a volunteer for the Caring Callers and/or Good Neighbor Program, I acknowledge that I am not required to provide transportation to clients.

****Please read and initial each statement. By initialing you indicate that you understand and agree with the statement****

1. _____ I understand that Wilshire Community Services requires that each volunteer must complete the Volunteer Drivers' Training Packet in order to transport clients.
2. _____ I understand that by signing below, I am committing to refrain from transporting clients. I am waiving certain protections under Wilshire Community Services in the event that I am in a driving accident with a client.
3. _____ I understand that if at any time I would like to begin transporting clients, I may contact Wilshire Community Services to complete the Volunteer Drivers' Training Packet.

By signing below, I am seeking an exemption from the Volunteer Drivers' Training Packet mandated by Wilshire Community Services for volunteers providing transportation to their matches. I hereby voluntarily agree to fully release Wilshire Community Services, the Caring Callers and/or Good Neighbor Program(s) and their staff from any and all costs, liabilities, expenses and any other consequences that might result from my non-compliance with this agreement.

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to acceptance as a volunteer, I understand that false or misleading information in my application or supplemental materials may result in my release.

Volunteer Signature:

Date:

Volunteer Coordinator Signature:

Date

Please attach a recent Driver's History Report from the Department of Motor Vehicles. Even if you will not be transporting clients this print-out is an essential part of your background screening. This may be obtained online at <http://www.dmv.ca.gov/online/dr/welcome.htm> for \$2.00 or from any DMV office for \$5.00.

My form is attached I e-mailed my form to jdietze@wilshirehcs.org I will bring my form to training

DISCLAIMERS AND SIGNATURE FOR VOLUNTEER DRIVERS

Please initial to acknowledge you have received, understand, and agree with the following documents

1. _____ Volunteer Driver Statement of Understanding
2. _____ WCS Volunteer Agreement
3. _____ Volunteer Driver Handbook (received at orientation)
4. _____ Volunteer Vehicle Inspection Form

Applicant Driver Information:

Auto Insurance Number:	Insured By:
Make/Model:	Year:
License Plate Number:	Number of Passengers you can Accommodate:
Vehicle Identification Number (VIN):	
Drivers License Number:	

***I certify that my answers are true and complete to the best of my knowledge.**

****If this application leads to acceptance as a volunteer, I understand that false or misleading information in my application or supplemental materials may result in my release.**

Volunteer Signature:	Date:
Volunteer Coordinator Signature:	Date:

Please attach a recent Driver's History Report from the Department of Motor Vehicles. Even if you will not be transporting clients this print-out is an essential part of your background screening. This may be obtained online at <http://www.dmv.ca.gov/online/dr/welcome.htm> for \$2.00 or from any DMV office for \$5.00.

My form is attached I e-mailed my form to jdietze@wilshirehcs.org I will bring my form to training

Please attach copies of your current valid driver's license, proof of insurance, and vehicle registration.

Copies are attached I e-mailed copies to jdietze@wilshirehcs.org I will bring copies to training

VOLUNTEER DRIVER STATEMENT OF UNDERSTANDING

The purpose of the Wilshire Community Services volunteer driver is to provide safe and reliable transportation to allow San Luis Obispo County older adults and adults with disabilities to remain healthy and independent.

Volunteer drivers of Wilshire Community Services drive their own cars and may, or may not, be reimbursed for mileage expenses. Only miles driven with a client in the car (Transport Miles) which are documented by the volunteer on his or her monthly Activity Record are eligible for reimbursement. Retired and Senior Volunteer Program (RSVP) provides excess liability insurance for volunteer drivers age 55 or over.

The following minimum insurance coverage is required by the State of California: \$15,000 bodily injury, each person; \$30,000 bodily injury, each accident; \$5,000 property damage. Understand that you must meet these standards for motor vehicle insurance, policy or bond. Your personal insurance is the primary liability protection and must be issued by a company authorized to do business in your state of residence. For your protection we recommend \$1,000 medical coverage for a passenger. This limit is common for fully covered cars in the State of California.

All volunteer drivers will act in a professional manner at all times.

Reports of volunteer driver misconduct will be cause for immediate suspension from service. Confirmation of misconduct shall be cause for removal of the volunteer driver.

A volunteer driver **shall not**:

- a. Solicit or accept controlled substances, alcohol, or medications from riders.
- b. Make sexually explicit comments, or solicit sexual favors, or engage in sexual activity with a rider.
- c. Use alcohol, narcotics or controlled substances, or be under the influence while on duty. Prescribed medication can be used by a driver as long as his/her duties can still be performed in a safe manner.
- d. Smoke in the vehicle when riders are present. This rule also applies to the riders.
- e. Wear any type of headphones or talk on cell-phones while driving.
- f. Be responsible for passenger's personal items.

A volunteer driver **shall**:

- a. As appropriate to the needs of the rider, exit the vehicle to open and close vehicle doors when passengers enter or exit the vehicle and provide assistance as necessary to or from the main door of the place of destination.
- b. Confirm, prior to allowing any vehicle to proceed, that all passengers are properly secured in their seat belts.
- c. Be polite and courteous to riders.
- d. Respect passengers' rights to confidentiality.

WCS VOLUNTEER AGREEMENT

- I will provide proof of coverage of my vehicle insurance. In the event that my coverage changes or is canceled, I will immediately notify Wilshire Community Services of such changes or cancellations.
- I have had a valid driver's license for the past five (5) years. I will provide a copy of my valid driver's license.
- I will notify immediately and provide Wilshire Community Services with a copy of:
 - a. A report in the event that I am involved in a vehicle accident.
 - b. Any traffic citation that I may receive while this agreement is valid.
- I am physically capable of driving my vehicle safely and will not drive while using any drug that may affect my driving ability, either prescription or "over the counter." Should my doctor prescribe and/or should I begin to take new "over the counter" medications in the future I will ensure that these new medications do not impede my ability to safely operate a personal automobile.
- Should any type of new medication which does impede my ability to drive become necessary I will immediately notify the Service Coordinator and cease any and all volunteer activities requiring the operation of a motor vehicle, including but not limited to providing transportation for individuals eligible for this service, running errands, even driving myself to meet with individuals eligible for this service.
- My vehicle is safe, mechanically sound and is equipped with seat belts that both my passengers and I will use. I will maintain all records required by Wilshire Community Services.
- I will **not** accept **personal donations** from riders, but may remind riders that they are able to make donations to Wilshire Community Services if they wish.
- I have been provided with and agree to the terms specified in the Driver's Handbook concerning Wilshire Community Services, the purpose of the programs, and my role and responsibilities as a volunteer.
- I will notify Wilshire Community Services at the time I no longer wish to be involved in this program. Either Wilshire Community Services, or I, may terminate this agreement at any time.
- I understand that client grievances filed as a result of my driving may result in my release as a driver.

Volunteer Vehicle Inspection Form

DOOR HANDLES AND LOCKS
SEATS
SEAT BELTS / OPERATIONAL / DAMAGED
ALL INSTRUMENTS / WIPERS
LIGHTS AND INDICATORS – FRONT
LIGHTS AND INDICATORS – REAR
WINDOW CONDITION (PITTED, OUT GASSING)
CLEANLINESS / LITTER
SPARE WHEEL TIRE PRESSURE AND CONDITION
TIRE CONDITION (WEAR)

NOTES:

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to acceptance as a volunteer, I understand that false or misleading information in my application or supplemental materials may result in my release.

Driver's Signature: _____

Date: _____