



Volunteer Application

Personal Information:

Name: _____

Address: _____

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

Email: _____

Date of birth: __/__/__

How did you hear about J Rides/NV Rides?

Volunteer Interests (check all that apply):

Volunteer Driver Ride Coordinator/Scheduler

Screening Information:

Do you have a valid driver's license? __yes __no

License number: _____ Expiration date: _____ State: _____

Auto Insurance Company: _____

Policy Number: _____

Expiration date: _____

Have you ever been convicted for violation of any laws, traffic or otherwise? __ yes __no

If yes, please explain: _____

Do you have any physical condition that may limit your volunteer activities? __ yes __no

If yes, please describe: _____

Emergency Contact:

Name: _____ Phone: _____ Relation: _____

References:

Please list two people we may contact who are not family members. (You may include employers, teachers, religious leaders, etc.)

Name: _____ Phone: _____ Relation: _____

Address: _____

Name: _____ Phone: _____ Relation: _____

Address: _____

Confidentially Agreement

As a volunteer for J Rides/NV Rides, you may have access to certain information concerning the participants of that program. This information may include, but is not limited to, personal, medical, social, or business-related data. Such information is strictly confidential and must not be disclosed to any person outside of NV Rides without prior written consent of the participant. By signing this agreement, you agree to abide by this restriction while you are an active volunteer and after your volunteer service has ended.

Signature of Volunteer

Date

Volunteer Agreement of Understanding

As a volunteer for the J Rides/NV Rides program, it has been fully explained that you may not accept any gift, purchase any item, or sell anything to a participant. By signing this agreement, you agree to abide by these restrictions while you are an active volunteer and after your service has ended. I understand and agree that my volunteer service is at will, which means that it is for no specified period and may be terminated by me or J Rides/NV Rides at any time without prior notice, for any reason. I understand that misrepresentation or omission of facts may result in rejection of this application or termination. I hereby give my consent for the J Rides/NV Rides contact my references and conduct a background check.

Signature of Volunteer

Date

For information call 703.537.3074 or email JRides@jccnv.org

J Rides, 8900 Little River Turnpike, Fairfax, VA 22031

The JCCNV reserves the right to photograph and/or videotape activities for use in publicity or promotional materials. Please notify the JCCNV in writing if you do not want photos of either you or your family members to be used and send in a recent photo so that we can be sure you or your family members are not included in these materials.

J Rides is supported by NV Rides, a network of community organizations aiming to enhance and improve volunteer assisted transportation throughout the region. In partnership with Fairfax County and Jewish Council for the Aging, the JCCNV is administering this community-wide initiative so that more non-driving older adults will be able to get where they need go at no cost, so that they can "age in place" for as long as possible.

