



SOCIAL TRANSPORTATION FOR SENIORS

6000 Hawk Ave, North Richland Hills, TX 76180
PHONE: 817.427.6696 FAX: 817.514.7325

VOLUNTEER DATA SHEET

LAST NAME _____ FIRST NAME _____

ADDRESS _____

CITY _____ ZIP _____ HOME PHONE _____

CELL PHONE _____ EMAIL _____

DRIVING OPPORTUNITIES (Please check all that apply)

DAYS	TIMES AVAILABLE		
	8-12 AM	12-5 PM	5-8 PM
MONDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TUESDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEDNESDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THURSDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRIDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SATURDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUNDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check if willing to transport a wheelchair _____

PLEASE NOTE:

It is the policy of Social Transportation for Seniors to conduct background checks on volunteers who will have independent access to participants and/or a participant's home. STS utilizes the services of the Community Enrichment Center to conduct Texas background checks on applicants. In order to complete a background check, an applicant will need to provide STS with their legal name, social security number, driver's license number, gender and ethnicity.

CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK
AUTHORIZATION/WAIVER/INDEMNITY

I hereby give my permission to Social Transportation for Seniors to obtain information relating to my criminal history record through the Community Enrichment Center. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by the Community Enrichment Center and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify the Community Enrichment Center and each of their officers, directors, employees and agents and hold them harmless from and against any and all causes of actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever (including claims for negligence, gross negligence, and/or strict liability of the Community Enrichment Center) and any and all related attorneys' fees, court costs and other expenses resulting from the investigation of my background in connection with my application to become a volunteer/staff member.

DATE ETHNICITY GENDER DRIVER'S LICENSE NUMBER

APPLICANT'S SIGNATURE BIRTHDAY

APPLICANT'S PRINTED NAME SOCIAL SECURITY

Note: When your application is approved your Social Security number is deleted from our files.

UNCONDITIONAL RELEASE AND INDEMNIFICATION AGREEMENT

I understand that Social Transportation for Seniors (STS) is a non-profit, tax-exempt corporation, the purpose of which is to provide social appointment transportation for those participants living in our stated service area. I further understand that there are certain possible risks of personal injury and property damage or loss inherent in the performance of these services for individuals. I have volunteered my services to STS with full knowledge and awareness of these possible risks and hereby personally and voluntarily assume all risks of injury, damage or loss. In addition, I hereby unconditionally and irrevocably release STS and each of its officers, directors, employees and volunteers, and agree not to assert any claims or otherwise take any legal action, with respect to any injury, loss or damage to persons or property which arise out of or result from my performing volunteer services for STS. Further, on behalf of myself and on behalf of my family, estate, heirs, assigns or any other persons claiming by, through or under me, I hereby indemnify, defend and hold harmless STS and its officers, directors, employees and volunteers from and against any claims, actions, causes of action, liability, damages or losses sustained or suffered which arise out of or relate to my performing volunteer services for STS. Finally, I understand that (i) the execution of this Unconditional Release and Indemnification Agreement is a condition of STS allowing me to perform volunteer services on its behalf, (ii) STS relied on the agreements contained herein, and (iii) this Agreement shall be continuing in nature and shall automatically apply each time I am performing volunteer services on behalf of STS.

Volunteer Signature

Date

Print Volunteer Name

Signature of Parent or Legal Guardian (if applicant is under 18)

Date

CONFIDENTIALITY AGREEMENT

I promise that I shall hold in confidence and not divulge any information regarding participants involved in Social Transportation for Seniors (STS). I will not violate the confidential relationship between STS, its participants, program and volunteers. I accept full responsibility for maintaining the confidential and private nature of all records and information entrusted to my care.

Volunteer Signature

Date

Print Volunteer Name

Signature of Parent or Legal Guardian (if applicant is under 18)

Date

PHOTO AND PRINT AGREEMENT

I DO consent to and authorize the use and reproduction by STS of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

DO NOT

I DO consent to and authorize the use by STS of any and all printed references of me, my name and/or any positive comments or anecdotes related to clients for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

DO NOT

Volunteer Signature

Date

Print Volunteer Name

Signature of Parent or Legal Guardian (if applicant is under 18)

Date