

DIAL-A-RIDE

(Volunteer Driver Registration)

Name: _____
(LAST) (FIRST) (MIDDLE)

Mailing Address: _____

City: _____ State: _____ ZIP: _____

HM Phone: _____ WK Phone: _____ CELL: _____

Emergency Contact: _____ Phone: _____
(NAME)

ODL #: _____

Do you have any restrictions that would limit your volunteer assignment?

Yes ___ No ___ If yes, please explain _____

Special Education, Training, Occupation, etc. _____

Volunteer Experience _____

Personal References:

_____ (NAME) _____ (ADDRESS) _____ (PHONE)

_____ (NAME) _____ (ADDRESS) _____ (PHONE)

Days Available: Monday Tuesday Wednesday Thursday Friday
(CIRCLE ONE)

I am aware that I am considered a representative of the City of Winston and that I am subject to the rules and regulations of that organization. I realize my responsibility to respect the privacy and maintain confidentiality of any clients with whom I may come in contact.

(VOLUNTEER SIGNATURE)

APPROVED BY: _____

DATE: _____

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CONFIDENTIALITY STATEMENT

I understand and agree that in the performance of my duties as a volunteer for the City of Winston I will not disclose the contents of any records or other information about clients, except as required by law or as may be necessary to provide service to the individual.

I agree to observe all policies relating to confidentiality and understand failure to do so may result in termination of my volunteer position.

I have been fully informed of my responsibilities and the City of Winston requirements as to confidentiality.

(VOLUNTEER SIGNATURE)

(DATE)