

# SENIOR RIDES AND MORE

*"You are the key to your neighbor's independence."*

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**NORTHWEST**

Date: \_\_\_\_\_

## VOLUNTEER APPLICATION

NAME: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP TO EMERGENCY CONTACT: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

DOES YOUR EMPLOYER/COMPANY OFFER MATCHING GRANTS?: \_\_\_\_\_

CHURCH/CONGREGATION: \_\_\_\_\_

DO YOU AGREE TO VOLUNTEER FOR ONE YEAR? \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL CONDITIONS THAT MAY LIMIT YOUR VOLUNTEERING? IF SO, PLEASE EXPLAIN:

\_\_\_\_\_



**HEALTH AND WELLNESS STATEMENT**

I, \_\_\_\_\_, confirm that I am in good mental and physical health. I have no known infectious or chronic conditions that may endanger the elderly, frail and health impaired whom I plan to serve. I agree to notify the SRAM office should I become unable to perform the duties of a volunteer due to mental or physical health situations in my life. I also understand that all information concerning my health and mental status will be considered confidential in nature by Senior Rides and More.

My Primary Physician: \_\_\_\_\_

Physician's Telephone Number: \_\_\_\_\_

**AUTOMOBILE INFORMATION**

(This MUST be completed for any volunteer providing transportation)

TX Driver's License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Agent Telephone No.: \_\_\_\_\_

Have you ever been convicted of a violation of any traffic laws?                      (   ) Yes              (   ) No

If Yes, please explain: \_\_\_\_\_

I agree that as long as I am a SRAM volunteer, I will have adequate automobile insurance as required by Texas law and will keep my automobile maintained in good condition. I understand the above information given by me to VIC-SW will be used for the purpose of a background check.

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## **CAREGIVER'S AGREEMENT**

I have completed the caregiver training, understand the mission of SRAM, and agree to abide by these rules:

1. Keep all information concerning my care receiver(s) confidential.
2. Do not accept any form of compensation, gifts of value, or money from the care receivers for services associated with SRAM.
3. Do not use knowledge gained through volunteer services for personal profit, or for friends or family.
4. Respect the beliefs of my care receiver(s) – we respectfully request you not try to convert any care receiver to another belief system.
5. Observe scheduled times of requests.
6. Notify the VIC office as soon as possible if I am unable to report for my scheduled time.
7. Follow all instructions as issued by the SRAM Director concerning my care receiver.
8. Complete the required paperwork on a timely basis.
9. Exercise care and be aware of personal safety on all assignments.
10. Maintain a pleasing and helpful attitude with all care receivers.
11. I understand the importance of continuing education and will strive to attend seminars and other events offered by SRAM when possible.

**I affirm that all given information is true, correct and complete, and I hereby apply to the program and agree to abide by all program rules.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_