

COMMUNITY CARE CAR, INC.  
P. O. BOX 204  
WOODLAND, CA 95776  
(530) 662-7800

**VOLUNTEER APPLICATION AND DMV PERMISSION FORM**

_____ Volunteer Name	_____ Email Address
_____ Volunteer Address	_____ City & Zip code
_____ Volunteer Telephone Number	_____ Volunteer Cell Phone Number
_____ Emergency Contact Name	_____ Emergency Contact Relationship
_____ Emergency Contact Address	_____ Emergency Contact Phone Number

Have you ever been convicted of a felony or a misdemeanor? Yes \_\_\_\_\_ No \_\_\_\_\_  
(A conviction will not automatically disqualify an applicant from volunteering. Circumstances will be considered.)

If yes to the above, please provide the following information on a separate attachment:  
(Date of conviction, county of conviction, code section violated, common name of conviction, explanation of what occurred and whether it was either reduced to a misdemeanor or expunged.)

Please check the types of volunteer service you are interested in and days available:

Driver \_\_\_\_\_ Helper \_\_\_\_\_ Telephone Desk \_\_\_\_\_  
Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_  
Sunday (approx.. 9 a.m. to 11:30 a.m.) \_\_\_\_\_

Would you be willing to substitute other days, if needed? Yes \_\_\_\_\_ No \_\_\_\_\_

**IF YOU WISH TO BE A DRIVER, PLEASE PROVIDE THE FOLLOWING INFORMATION:**

Name on Driver's License: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Have you ever had your license suspended? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the following information in a separate attachment:  
(Date of suspension, length of suspension, reason for suspension.)

Do you now suffer or have you ever suffered a health condition, hearing, vision or other issue that has or may affect your ability to safely operate a motor vehicle? Yes \_\_\_ No \_\_\_

I give my permission to Community Care Car to give the above information to Wraith, Scarlett & Randolph Insurance Services to check my DMV report and share the results with Community Care Car. I understand the information on the report may adversely affect my volunteer status with Community Care Car.

For Drivers:

- (1) I will abide by the rules of the road, including, but not limited to: parking in designated areas, driving at a safe speed, not using phone while driving, and to maintain a current driver's license.
- (2) I understand that Community Care Car is not responsible for any citations I receive while driving as a volunteer.
- (3) I understand that I cannot operate a Community Care vehicle with any measureable amount of alcohol in my system or while under the influence of drugs, prescription or other.

For all Volunteers:

I certify under PENALTY OF PERJURY under the laws of the State of California that all statements in this application and any attachment are true and complete. I understand that I am not considered an employee of the Community Care Car while performing volunteer work for the organization. I further understand that as a volunteer I am not covered by Workers' Compensation insurance (medical coverage or wage loss) for any injury that may occur while I am acting as a volunteer. I hereby agree for myself, my heirs, assigns, executors, and administrators to release and discharge Community Care Car, its officers and directors, employees, agents, and volunteers from all claims, demands, and actions for injuries sustained to my person and/or my property as a result of my volunteering on behalf of Community Care Car, whether or not resulting from negligence, and I agree to release and hold Community Care Car, its officers and directors, employees, agents, and volunteers harmless from any causes of action, claims, or suits arising therefrom. I understand that I can be dismissed as a volunteer should my actions or performance as a volunteer be inconsistent with program standards. I understand that I have no authority to commit the program to any agreement. As a volunteer I am solely responsible for my own conduct, actions and well-being.

\_\_\_\_\_  
**Volunteer Signature**

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

**Please return completed form (and attachments, if needed) to Community Care Car's front desk in a sealed envelope. Attention: Van Schedulers**

\_\_\_\_\_  
**Official Start Date**

\_\_\_\_\_  
**Care Car Volunteer Signature**