



Volunteer Driver Application

Name _____

Address _____

City _____ State _____ Zip _____

Phone (H) _____ (C) _____ (W) _____

E-mail: _____

Driving Experience

How many years of driving experience do you have? _____

Please estimate miles driven last year. _____

Employment

Current Employment: None___Full-time___Part-time___Between jobs___Retired___

Occupations: _____

Organizations I belong to: _____

Education

Highest grade/degree completed: _____

First Aid training, if any: _____

Legal

Have you had any criminal convictions? Yes/No Or do you have any charges pending against you in a court of law? Yes/No Please explain. _____

Have you been convicted of any moving violations in the past three (3) years? _____



Senior Ride Charleston

Because you have places to go

References

Please list the names and telephone numbers of two persons not related to you whom you have known for at least one year.

#1 _____
Name Phone How acquainted? #years known

#2 _____
Name Phone How acquainted? #years known

Emergency Contact(s)

#1 Name _____ Relationship _____

Street Address _____ City _____ State _____ Zip _____

Phone Contact(s) (H) _____ (C) _____ (W) _____

2 Name _____ Relationship _____

Street Address _____ City _____ State _____ Zip _____

Phone Contact(s) (H) _____ (C) _____ (W) _____



How did you learn about *Senior Ride Charleston*? _____

What specifically led you to volunteer for *Senior Ride Charleston*? _____

What volunteer work have you done before? _____

The following information will be helpful for us with future volunteer recruitment. Please rank your reasons for wanting to drive for *Senior Ride Charleston*, with "1" the most important reason, and "6" being the least.

Serve the community _____
Enjoy driving _____
Help elderly people _____

Something to do _____
Enjoy elderly people _____



Volunteer Provided Vehicle Description Information

Name: _____

Vehicle owner's name (if you are not the owner): _____

Street address, town, and phone number of vehicle owner (if you are not the owner):

1st Vehicle Description: If more than one vehicle will be used for transporting *Senior Ride Charleston* customers please fill in the 2nd Vehicle Description below.

Make: _____ Model: _____ Type _____ Year: _____

Plate #: _____ Color: _____ Number of doors: _____

Registration expiration date: _____

Insurance company: _____

Policy # _____ Expiration Date: _____ Limits of Liability: \$ _____

We suggest carrying a min. of \$100k bodily injury, \$300k multiple persons \$100k property damage.

Agent: _____

Address: _____

_____ Phone: _____

Important Note: Please provide a copy of your Auto Insurance Declaration page.

Please describe the general condition of the vehicle and any known defects: _____

Please check one of the following:

___ This is the only vehicle I will be using for *Senior Ride Charleston*.

___ I will be using more than one vehicle for *Senior Ride Charleston*.



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Because you have places to go

2nd Vehicle Description:

Make: _____ Model: _____ Type _____ Year: _____

Plate #: _____ Color: _____ Number of doors: _____

Registration expiration date: _____

Insurance company: _____

Policy # _____ Expiration Date: _____ Limits of Liability: \$ _____
(We suggest carrying \$100k bodily injury, \$300k multiple people's \$100k property damage)

Agent: _____

Address: _____

_____ Phone: _____

Important Note: Please provide a copy of your Auto Insurance Declaration page.

Please describe the general condition of the vehicle and any known defects: _____

This information given in this application is correct to the best of my knowledge. I give *Senior Ride Charleston* permission to check on this information and to contact references.

Signature

Date

Print Name

*** Please also complete and sign the below DMV and Background Check Release Form.



South Carolina Department of Motor Vehicles

Request for Driver Information

MV-70
(Rev. 1/08)

PART 1

Part 1 must be completed before information listed on Parts 2 (single request) or 3 (multiple requests) will be released. Check the boxes of permissible uses that apply to you under Federal Law (18 USC, Chapter 123). Persons submitting this form to obtain someone else's record should read the Federal law before signing. See Part 3 of this form for how to find a copy of the law.

Under Federal Law, driver personal information may be obtained only for certain uses. The following is a short version of permissible uses:

- 1. For use by any government agency in carrying out its functions.
- 2. For a business to verify the accuracy of personal information previously provided to the business.
- 3. To use in any court proceeding, or investigation in anticipation of litigation.
- 4. For research and statistical purposes so long as the personal information is not published, redisclosed, or used to contact individuals. (Such requests are processed only in Blythewood DMV Headquarters. See special instructions on back of this form.)
- 5. For use by an insurer for claims investigations, rating and underwriting.
- 6. For use by an employer or their insurer to verify commercial driver license information.
- 7. For any other use by the driver or by written consent of the driver. (See "Consent" in Part 2.)

Under penalty of perjury, I state that I am entitled to receive and use this information as permitted under the Driver's Privacy Protection Act of 1994 (18 USC, Chapter 123 as amended). I further acknowledge that if I misuse this information or give it to someone who uses it for an unauthorized purpose, I may be subject to Federal criminal law as well as a civil lawsuit where the minimum award is \$5,000.00.

Senior Ride Charleston

Print Name of Person/Business Requesting Information Date

2150 Eagle Drive, Bldg. 100, North Charleston, SC 29406

Address of Person/Business Requesting Information

Jim Ledbetter, Executive Director

Print Name of Person Receiving Information

Signature of Person Receiving Information

PART 2 - To be used to obtain information on a single driver.

Name _____ DL/BP/ID # (if available) _____ Date of Birth _____

Information Requested: 10 Year Driving Record

CONSENT: (only needed if Box 7 of Part 1 is checked)

I, _____, give consent for the release of my personal information to
Print name of Driver
 the person shown above.

Signature of Driver _____

Date _____

~~REQUIRED FEES FOR EACH SEPARATE DOCUMENT:~~

~~Copy of MVR \$ 6.00~~
~~Copy of Ticket/Suspension Notices~~
~~Other related documents \$ 6.00~~

DO NOT SEND MONEY OR CHECKS

~~MAIL TO:~~

~~Alternative Media~~
~~P.O. Box 1498~~
~~Blythewood, SC 29016-0035~~

~~Make check or money order payable to: S C Department of Motor Vehicles. (NO CASH ACCEPTED)~~

OFFICE USE ONLY

Identification presented by person receiving information Office Code Employee Processing Request Date

Return This Page To ITN With Your Application

NOTICE AND ACKNOWLEDGMENT

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

NOTICE REGARDING BACKGROUND INVESTIGATION

Senior Ride Charleston

_____ may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, driving record, and/or mode of living, and which can involve personal interviews with sources such as your current and past employers, friends, or associates, as well as past employment information in compliance with regulations of the U. S. Department of Transportation (DOT), including 49 CFR Part 40 and 49 CFR Part 382, regarding DOT drug and alcohol testing results from past employers. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by PreHire Screening Services LLC, 1201 Sovereign Row, Oklahoma City, OK 73108, 1-(866) 405-4473. The scope of this notice and authorization is all-encompassing, however, allowing **Senior Ride Charleston** to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by PreHire, or another outside organization acting on behalf of Senior Ride Charleston and/or _____ itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Employer by contacting PreHire Screening Services LLC directly.

- Oklahoma applicants or employees only:** I request a copy of any credit report requested on me. (Check box)
- Minnesota applicants or employees only:** I request a copy of any consumer report requested on me. (Check box)

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

Under Section 1786.16(a)(2)(B)(vi) of the CA Civil Code, you are notified that PreHire Screening Services LLC privacy practices can be found at www.prehirescreening.com.

Under Section 1785.20.5 of the CA Civil Code and Section 1024.5 of the CA Labor Code, you are notified that a credit report may be ordered if you are applying for a position involving access to confidential or proprietary information.

Use of date of birth is for identification purposes only to conduct the background check. The Company is an equal opportunity employer. Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

LEGAL NAME OF AUTHORIZING CONSUMER: _____

ANY OTHER NAMES I HAVE BEEN KNOWN BY (INCLUDING MAIDEN NAME): _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

DRIVER'S LICENSE NUMBER AND STATE ISSUED: _____

CURRENT ADDRESS: _____

PREVIOUS ADDRESSES (LAST 7 YEARS): _____

SIGNATURE OF AUTHORIZING CONSUMER: _____ DATE: _____

Keep These 3 Pages For Your Records

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed

or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:

- 1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.
- b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:

2. To the extent not included in item 1 above:
 - a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks
 - b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act
 - c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations
 - d. Federal Credit Unions
3. Air carriers
4. Creditors Subject to Surface Transportation Board
5. Creditors Subject to Packers and Stockyards Act, 1921
6. Small Business Investment Companies
7. Brokers and Dealers
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

CONTACT:

- a. Consumer Financial Protection Bureau
1700 G Street NW
Washington, DC 20552
 - b. Federal Trade Commission: Consumer Response Center – FCRA
Washington, DC 20580
(877) 382-4357

 - a. Office of the Comptroller of the Currency
Customer Assistance Group
1301 McKinney Street, Suite 3450
Houston, TX 77010-9050
 - b. Federal Reserve Consumer Help Center
P.O. Box 1200
Minneapolis, MN 55480
 - c. FDIC Consumer Response Center
1100 Walnut Street, Box #11
Kansas City, MO 64106
 - d. National Credit Union Administration
Office of Consumer Protection (OCP)
Division of Consumer Compliance and Outreach (DCCO)
1775 Duke Street
Alexandria, VA 22314
Asst. General Counsel for Aviation Enforcement & Proceedings
Aviation Consumer Protection Division
Department of Transportation
1200 New Jersey Avenue, SE
Washington, DC 20590
Office of Proceedings, Surface Transportation Board
Department of Transportation
395 E Street S.W.
Washington, DC 20423

Nearest Packers and Stockyards Administration area supervisor
- Associate Deputy Administrator for Capital Access
United States Small Business Administration
409 Third Street, SW, 8th Floor
Washington, DC 20416
Securities and Exchange Commission
100 F St NE
Washington, DC 20549
Farm Credit Administration
1501 Farm Credit Drive
McLean, VA 22102-5090
FTC Regional Office for region in which the creditor operates or
Federal Trade Commission: Consumer Response Center – FCRA
Washington, DC 20580
(877) 382-4357