

# BCVP VOLUNTEER ENROLLMENT FORM

**Name**  
**Address**  
**City State Zip**  
**Email**  
**Home Phone**  
**Cell Phone**  
**Date of Birth**  
**Emergency Contact      Name**  
**Phone**

## PREFERRED VOLUNTEER ASSIGNMENT

- Medical Transportation Driver**  
 **Food Distribution**  
 **Project Group**

## MEDICAL TRANSPORTATION

<b>Do you have a current driver's license?</b>	<b>Yes</b>	<b>No</b>
<b>Do you have a road worthy personal vehicle?</b>	<b>Yes</b>	<b>No</b>
<b>Do you have auto liability insurance coverage?</b>	<b>Yes</b>	<b>No</b>
<b>Have you been convicted of any felonies within the past five years?</b>	<b>Yes</b>	<b>No</b>
<b>Do you have any health problems that might affect your driving?</b>	<b>Yes</b>	<b>No</b>

**(Please present your license and auto insurance card.)**

**I understand that I will be using my personal vehicle for transporting clients and I will arrange to maintain a current driver's license and to keep in effect automobile liability insurance as required by the State of Iowa during my tenure as a volunteer driver.**

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

**ALL BCVP VOLUNTEERS**

**If deemed necessary, I give the Benton County Volunteer Program permission to obtain records from the Department of Human Services, Department of Motor Vehicles and/or conduct a criminal background check and give consent to those departments to release said information to BCVP upon their request.**

**I understand that BCVP respects the privacy of all who are associated with their organization. In turn I will keep all client information I am exposed to confidential.**

**I understand that as a volunteer I will not be paid for my services; however, medical transportation drivers will be paid a mileage stipend as approved by the BCVP Board of Directors and as funding will allow.**

**I realize that BCVP, in its sole discretion, reserves the right to refuse the offer of services of any potential volunteer. I understand that any refusal shall not be based upon any criteria that would violate either state or federal law, including, but not limited to color, race, religion, national origin, age, or any other protected classification.**

**Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime in Iowa or any other state?**  
\_\_\_\_\_ **Yes**                      \_\_\_\_\_ **No**

**I affirm that the information I have provided is accurate and that I have read and agree to the statements above.**

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**Volunteer Signature**

**Date**

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**BCVP Staff Signature**

**Date**