



# Kerr-Konnect

## INFORMATION FORM FOR OFFICE AND DRIVER VOLUNTEERS ALL VOLUNTEERS PLEASE COMPLETE THIS PAGE

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

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Do you own and use a \_\_\_ computer \_\_\_ tablet \_\_\_ smart phone

E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ DOB: \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Part time \_\_\_\_\_ Full time

Where? : \_\_\_\_\_ Occupation: \_\_\_\_\_

Please list any experience you have had working with the elderly, any previous volunteer experience, any previous applicable work experience and/or affiliations with community or non-profit organizations:

---

---

---

---

Would you require or do you want compensation? \_\_\_ Yes \_\_\_ No

Which days of the week or portions of days are you unavailable to volunteer for Kerr-Konnect?

---

---

---

When can you start volunteering? \_\_\_\_\_

In case of emergency, please notify: \_\_\_\_\_

Phone # \_\_\_\_\_ Cell phone \_\_\_\_\_ Relationship: \_\_\_\_\_

See back for instructions on returning this form.

**VOLUNTEER DRIVERS PLEASE COMPLETE THIS PAGE**

Type of car you will use to transport clients \_\_\_\_\_

Please list any traffic accidents or traffic violation citations (other than parking) you have had during the last 5 years: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Initial both lines:**

\_\_\_\_\_ I understand and agree that I will sign forms permitting Kerr♦Konnnect or its agents to perform criminal background and driving record checks on me personally.

\_\_\_\_\_ I understand and agree that I will need to undergo training before I can begin serving as a driver for Kerr♦Konnnect.

*Kerr♦Konnnect does not dispatch rides nor do we require any set hours or days for you to provide your services. Rides are posted in the software system used by Kerr♦Konnnect and you will have training to access those needs on line. However, by volunteering, we ask that you pledge to yourself and us that you will give at least 1-2 rides a week whenever possible. Thank you.*

Signature of Volunteer Driver: \_\_\_\_\_

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

**How to submit this form to Kerr♦Konnnect**

**Office volunteers** complete front, and return this page to address below.

**Driver volunteers** complete front and back, and return this page along with:

- the background check consent form,
- a copy of your driver's license,
- a copy of your insurance coverage summary page, to:

Kerr♦Konnnect  
P.O. Box 290194  
Kerrville, Texas 78029



**Kerr-Konnect**

## **Volunteer Background Check Release and Authorization Statement**

I authorize any law enforcement agency (local, state, federal) with information regarding any arrests or convictions for any criminal offense, including traffic offenses, to release such information to any agent, representative or employee of Kerr-Konnect.

I hereby release Kerr-Konnect its employees, officers, directors, volunteers, agents, or representatives from any claims, liabilities, or damages arising from obtaining or furnishing this information.

I will not hold Kerr-Konnect, its employees, officers, directors, volunteers, agents, or representatives responsible for errors or inaccuracies in the acquisition or transmittal of information pertaining to the verification of my background.

I understand that if any negative information is found, I have the right to review such information and have it checked for accuracy.

Having made application to volunteer at Kerr-Konnect, I hereby request that you release any and all information concerning my record of arrest, conviction and/or driving record which may be in your custody to Kerr-Konnect or its agents or representatives. A Photocopy of this authorization shall be as valid as the original.

Print Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Complete Current Address: \_\_\_\_\_  
\_\_\_\_\_

***My signature indicates that I have read and accept the conditions listed in this "Background Check Release and Authorization".***

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

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