

**Southwest Wisconsin Transit  
LIFT Program Volunteer Application**

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name \_\_\_\_\_

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

City, State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Interested In:**  Driving  
 Other (Please Describe) \_\_\_\_\_

**Present/Past Work Experience:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Skills/Knowledge:** \_\_\_\_\_  
\_\_\_\_\_

**Do you have any physical limitations that would affect your volunteer service?**

Yes  No      **Able to Get In/Out of Car?**     Yes  No

**Please provide us with three references that are not related to you:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**For Office Use Only:**     Entered in TMS     Other Computer Records

**The following information is needed if you are applying for a driving position:**

<b>Social Security Number:</b>	_____
<b>Birthday:</b>	_____
<b>Driver's License Number:</b>	_____
<b>Expiration Date:</b>	_____
<b>Vehicle Information:</b>	
<b>Make:</b>	_____
<b>Model:</b>	_____
<b>Year:</b>	_____
<b>Insurance Information:</b>	
<b>Company:</b>	_____
<b>Agent:</b>	_____
<b>Coverage:</b>	
\$ _____	Bodily Injury Liability per Person
\$ _____	Bodily Injury Liability per Accident
\$ _____	Property Damage Liability per Accident

**Driver Policy:** I understand that if I use my personal vehicle during volunteer service: I will be paid approved mileage reimbursement at the agency rate and I will maintain auto insurance as required by law. It is my responsibility to contact my insurance company and inform them that I am volunteering for LIFT.

**Confidentiality:** LIFT participants have a right to confidential arrangements, conversations and procedures. I fully understand that as a condition of my volunteer service, I will not disclose or discuss any personal information of LIFT participants except as my volunteer service requires it within the context of professional agency requirements. I will endeavor to protect the confidentiality of LIFT participants at all times.

**Certification:** *I hereby certify that all statements made on or in connection with this application are true, complete and correct to the best of my knowledge. I understand and agree that any misstatements or an omission of fact herein subjects me to disqualification or dismissal. I authorize the release of any records pertaining to my education, employment, and/or personal references to the LIFT program. I voluntarily agree to cooperate in such investigations and release from all liability of responsibility all persons, companies or corporation supplying or acting upon such information. I also authorize LIFT to check my driving record (if applicable), contact the references I have given and to do a criminal background check.*

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

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