



Volunteer Lyft Trainer Application
 ConnectAbility of MN
 2700 1st St. N. Suite 200



DATE: _____

FIRST NAME: _____ LAST NAME: _____ MIDDLE NAME: _____

MAILING ADDRESS: _____

CITY: _____ ZIP: _____ COUNTY: _____

TELEPHONE: _____ EMAIL: _____

BIRTHDATE: _____ SOC. SEC. #: _____

EMERGENCY CONTACT: _____ TELEPHONE: _____

AVAILABILITY:	MON	TUE	WED	THUR	FRI	SAT	SUN
AM	___	___	___	___	___	___	___
PM	___	___	___	___	___	___	___

EDUCATION BACKGROUND:

WORK BACKGROUND:

PREVIOUS VOLUNTEER EXPERIENCE:

ENROLLMENT AGREEMENT:

I, _____, volunteer my service through ConnectAbility of MN's Volunteer Lyft Trainer Program and understand that I am not an employee. I agree to provide or consent to the following: (1) permit reviews of my criminal background as needed and further permit the sharing of this information to enable ConnectAbility of MN to carry out their required duties; (2) and I agree to comply with the Code of Conduct Rules set out by ConnectAbility of MN.

I give permission to use my name and/or picture in news stories, news releases, etc. to help promote the program. ___YES___NO

I understand that my role as a volunteer trainer is a very important part of the ConnectAbility of MN's transportation coordination and will perform my duties accordingly. Further, I affirm that the preceding information is true and correct, and understand that any updates to this information will be accurately conveyed to the ConnectAbility of MN staff when they occur.

VOLUNTEER SIGNATURE: _____ DATE: _____