



Volunteer Job Description: Driver

Position Summary:

This position will perform and coordinate logistics, supply, and general maintenance and transportation activities for the Mobile.

Job Specific Qualifications:

- Knowledge of and experience with operating systems, components, and driving RVs
- Holds current and valid driver's license with DMV inquiry stating no outstanding issues, warrants or DUIs
- Holds current and valid vehicle insurance in the state
- Demonstrated decision-making, problem-solving, planning, and implementation skills
- Demonstrated maturity, stability and confidentiality resulting in the ability to carry out responsibilities with minimal supervision.
- Desire to learn new skills as technology advances
- Ability to periodically lift up to 50 lbs
- Successful completion of Alpha Women's Center training, including but not limited to an assessment of skills and operating overview of vehicles systems and operations

General Duties:

1. Assist with start of day and end of day procedures
2. Ensure the vehicle is prepared for service day—checking fluids, upkeep, cleanliness
3. Ensures all maintenance paperwork, receipts, mileage, and forms are gathered and provided to Executive Director or Nurse Manager
4. Drive the mobile to service locations and returns mobile to storage or parking facility
5. Sets out and picks up temporary signage

Optional - Provide support and assistance to the mobile staff as needed



MOBILE DRIVER APPLICATION

Name: _____

Address: _____

City, State, ZIP: _____

Phone/Cell Phone: _____

Email: _____

Are you a Christian? _____ Yes _____ No

If yes, church name and city: _____

Why do you want to volunteer?

Do you have special skills or experience in driving large equipment or machinery?

Please list days and times you are available to volunteer.

Which locations do you prefer?

Chanhasen Shakopee Prior Lake New Prague Lakeville No Preference

Signed

Date

***Please include a completed Background Check Authorization
and a copy of your Driver's License.***



BACKGROUND CHECK CONSENT FORM

First Name: _____ Middle Name: _____ Last Name _____

Other name(s) that may have been used in the past _____

Gender _____ Date of Birth: _____ Place of birth _____

State / province _____ Country _____

Social Security Number: _____ Phone: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Email: _____

Do you have any criminal convictions? _____

If YES, briefly explain the nature _____

Country, State and County that the conviction occurred _____

Date of conviction(s) _____

I hereby give permission to Alpha Women's Center to run a background check on the information provided in this form.

Signature: _____ Date: _____