



AARP Driver Safety Program VOLUNTEER LEADERSHIP APPLICATION

PLEASE PRINT

Complete appropriate, zone, district, state or region, as appropriate:

State Zone # _____ State District # _____ State _____ Region _____

Name _____ (circle one) Mr / Mrs / Ms / Miss

Nickname _____ Volunteer ID# _____

Address _____ County _____

City _____ State _____ Zip _____

Phone: Home (____) _____ Office (____) _____

Fax: (____) _____ Cell Phone: (____) _____

E-Mail: _____ Date of Birth _____ / _____ / _____
Month / Day / Year

AARP Member: Yes No AARP Member# _____

Consideration for Position (Please check appropriate box):

<i>Regional Coordinator</i>		<i>VMIS Data Manager</i>	
<i>State Coordinator</i>		<i>Zone Coordinator</i>	
<i>Deputy State Coordinator</i>		<i>District Coordinator</i>	
<i>Chief Trainer</i>		<i>Marketing Specialist</i>	
<i>Trainer</i>		<i>Telephone Coordinator</i>	
<i>Mentor</i>		<i>Other: _____</i>	

List any previous volunteer or AARP experience and positions, including present affiliations, committees and special projects:

EDUCATION

School/College, area of study, highest level obtained, year(s) of degree or attendance:

(Turn over to complete application)

QUALIFICATIONS: List your most recent civic/volunteer experience and work experience

Organization

Position/Title

Dates (From/To)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

RECOGNITION: Honors, Awards, Certificates, Organizations

SPECIAL SKILLS: In the position for which I am applying I believe my experience and background will enable me to: (Please briefly describe)

Please attach your resume to this application

By signing below, you are acknowledging that you have read the position description of the position for which you are applying and you are willing and able to execute the duties described and will comply with the policies and processes of the AARP Driver Safety Program and that any expense reimbursement provided will be in accordance with current AARP policy.

Applicant Signature _____ **Date** _____

FOR INTERVIEWER & ADMINISTRATION COMMENTS ONLY:

SIGNATURE OF INTERVIEWER, AS APPROPRIATE **Date** _____

Zone Coordinator: _____

State Coordinator: _____

Regional Coordinator: _____

OTHER: Name _____ **Signature** _____