

AARP Driver Safety Program

Instructor Application

TO BE COMPLETED BY THE INDIVIDUAL RECRUITING THE NEW INSTRUCTOR CANDIDATE

Instructor Candidate **Recruiter:** _____
(Print) First and Last Name

TO BE COMPLETED BY THE INSTRUCTOR CANDIDATE

NAME: _____ TELEPHONE #: (_____) _____
Circle one: (Mr., Mrs., Miss., Ms) *Area Code* *Number*

BADGE FIRST NAME: _____ E-MAIL ADDRESS: _____

ADDRESS: _____ DRIVER'S LICENSE #: _____

CITY: _____ ISSUING STATE: _____ Expires: _____

STATE: _____ ZIP: _____ DATE OF BIRTH: _____
month *date* *year*

COUNTY: _____

1. Have you taken the classroom **AARP DRIVER SAFETY PROGRAM** course? Yes No
If yes, please indicate, Date: _____ Location: _____
Instructor: _____

(You must have completed the course yourself in the last 3 years in order to apply to be an instructor.)

2. Are you now retired? Yes No
If No, what is your current occupation? _____

3. Briefly describe your business, professional or other work experience: _____

4. Describe any experience you have had working as a discussion leader or public speaker with adult groups or organizations: _____

5. Educational Background: _____

6. What other volunteer work have you done: _____

7. What attracted you to the DRIVER SAFETY PROGRAM? _____

By signing below, you are acknowledging that you have read the position description and are willing to use your vehicle and telephone for AARP business with reimbursement provided according to current AARP policy, and will make every effort to teach a minimum of **three courses each year.**

Signature: _____ **Date:** _____

Thank you for your interest. Please return this application to:
Kathy L. Powell _____
236 S Brookview Rd _____
N. Wilkesboro, NC 28659 _____

Assigned Supervisor: _____
Supervisor ID#: _____
Zone : _____ District: _____

FOR INTERVIEWER USE ONLY

Name and title of volunteer knowing/interviewing Candidate: _____

Comments regarding Candidate: _____

Interviewer's Signature: _____ **Date:** _____

Name and title of assigned Instructor Mentor: _____

Date Instructor Mentor contacted and assigned: _____

Name and title of person assigning Instructor Mentor: _____

Comments regarding Candidate: _____

Coordinator's or Mentor's Signature: _____ **Date:** _____

CLASSROOM SKILLS/KNOWLEDGE TRAINING (Trainer Use Only)

Volunteer Instructor Candidate ID#: _____

Trainer who trained Candidate: _____

Comments: _____

Do you recommend appointment to Instructor? Yes No

If not, why not? _____

Location of training: _____ Date of training: _____

Trainer's Signature: _____ **Date:** _____

ADMINISTRATIVE TRAINING

Coordinator/Mentor who trained Candidate: _____

Date of Administrative Training: _____ **Signature:** _____

Forward completed application to Chief Trainer for distribution

Date Distributed to State/Zone/District Coordinators: _____