

Instructor Application

AARP Driver Safety Program

NAME (MR., MRS., MS.) _____ TELEPHONE NUMBER WITH AREA CODE _____

FIRST NAME FOR BADGE _____ EMAIL ADDRESS _____

ADDRESS _____ CITY, STATE, ZIP _____

COUNTY _____ DATE OF BIRTH (MONTH/DAY/YEAR) _____

Current Driver's License? Yes No

ISSUING STATE* _____ EXPIRES (MONTH/DAY/YEAR) _____

*ONLY NY & IL INCLUDE DRIVER'S LICENSE #

IN CASE OF EMERGENCY, CONTACT:

Name: _____ Relationship: _____ Phone number: _____

1. Have you taken an AARP Driver Safety Program course in the past 12 months? Yes No

If yes, Date: _____ Location: _____ 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 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 AARP Driver Safety Program? _____

By signing below, you are acknowledging that you have read the position description, 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: _____

Zone: _____ District: _____

