

# Instructor Candidate Profile

# AARP Driver Safety Program

NAME \_\_\_\_\_ VOLUNTEER ID# \_\_\_\_\_

ASSIGNED DISTRICT COORDINATOR \_\_\_\_\_ ZONE \_\_\_\_\_ DISTRICT \_\_\_\_\_

## Interview

Name and title of volunteer interviewing Candidate: \_\_\_\_\_

Comments regarding Candidate: \_\_\_\_\_

Name and title of assigned Mentor: \_\_\_\_\_ Date assigned: \_\_\_\_\_

## Introduction to AARP Driver Safety Program Orientation

Date of DSP orientation \_\_\_\_\_ Signature \_\_\_\_\_

## DSP Instructor Course (Trainer Use Only)

Trainer who trained Candidate: \_\_\_\_\_

Comments: \_\_\_\_\_

Do you recommend the IC participate in supervised teaching?  Yes  No

If no, why not? \_\_\_\_\_

Trainer's signature \_\_\_\_\_ Date \_\_\_\_\_

## Supervised Teaching

Do you recommend appointment to Instructor?  Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_

Date that completed profile was forwarded to state coordinator or VMIS Data Manager for distribution \_\_\_\_\_