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# 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 #: (\_\_\_\_) \_\_\_\_\_  
SELECT ONE: \_\_\_\_\_ 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: \_\_\_\_\_

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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_