



**Please answer the following questions:**

What is the license plate number of the vehicle you will be using? \_\_\_\_\_

Do you have any restrictions on your license? If so please explain. \_\_\_\_\_

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Have you ever had your driver's license suspended, revoked or refused? \_\_\_\_\_

If yes please explain. \_\_\_\_\_

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Have you ever done any volunteer work? If so with whom and what did you do?

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What experience personal or professional have you had with seniors, youth or children, (i.e. caring for an elderly relative)?

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It is known that people get involved with volunteer work for four basic reasons:

Social—to be with others

Emotional—to give to others

Intellectual—to learn more

Spiritual—to enhance & share with other

What led you to consider applying to be a volunteer with this Program?

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Do you feel comfortable working with and helping people of different ages, ethnic or cultural backgrounds? Explain.

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What are your special hobbies, skills, and/or interests?

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What are your expectations of the *Hope & Area Volunteer Transportation Program*?

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What expectations would you have of the *Hope & Area Volunteer Transportation Program* Coordinator?

How did you hear about the *Hope & Area Volunteer Transportation Program*?

What day(s), time(s) are you available for volunteer work? Please be specific with day (s) of week and hours. For the left main box, there may be 2 different times you are available in the day (i.e. 9 am – 1 pm and 3 pm – 6 pm on certain days. For the right main box indicate with a check mark if you may be available outside your stated times for each day.

	From	Until		From	Until	Availability outside the stated hours on the left		
						On request	Emergency only	Not available
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

Available for last minute calls

Request Rides:  Every available day       Few days a week       Once a week  
 Twice a month       Once a month

**REFERENCES**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Confidential Information** \_\_\_\_\_

