



VOLUNTEER DRIVER PROGRAM

Volunteer Application

Name: _____ **Date** _____
(Please Print)

Address: Street: _____

City: _____ **State:** _____ **Zip:** _____ **County:** _____

Home Phone: _____ **Cell Phone:** _____

Email: _____

Birth Date: _____ **Age:** _____ **Gender:** _____

Current or Previous Employer: _____

Skills/Tasks/Responsibilities: _____

Previous Volunteer Experience: _____

Skills/Tasks/Responsibilities: _____

Describe any previous **volunteer experience related to helping older people-** or in general:

Special Interests, Skills or Training: _____

Please list two references not related to you, including name, address and phone number. (Please inform them that you have given their name as a reference.)

1. _____

2. _____

Days available: _____ **Hours available:** _____

Do you have any physical condition to consider in arranging your volunteer assignment?

Volunteer Preferences: Geographic Area _____

Are you willing to volunteer in Hillsborough or other outlying/rural areas of Orange Co.? YES__NO__

Male/Female rider preference _____

Would you drive someone who is a smoker? YES__ NO__

Volunteer Signature _____ Date: _____

Print, sign and return form to Lisa Berley: Passmore Center: or Seymour Center:
103 Meadowlands Dr. 2551 Homestead Road
PO Box 8181 Chapel Hill NC 27516
Hillsborough NC 27278

Tel. 919-717-1853
lberley@orangecountync.gov

(Do not write below this line)

OFFICE USE ONLY

Date of Orientation _____

Date volunteer service began _____

Received:

Reference #1 Verified (date): _____ Reference #2 Verified (date): _____

Signed Confidentiality (date): _____ Background Check (date): _____

Reviewed by: Signature _____ Date: _____