



**COMMUNITY TRANSPORTATION
PROGRAM**
Volunteer Application

Name: _____
(PLEASE PRINT)

Date: _____

Address: _____

Social Security #: _____

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

Phone Home: _____ **Work:** _____

Email: _____

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

Current or Previous Employer: _____

Skills/Tasks/Responsibilities: _____

Previous Volunteer Experience: _____

Skills/Tasks/Responsibilities: _____

Special Interests, Skills or Training: _____

Describe any previous volunteer experience related to aging, or in general:

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

1. _____

2. _____

Length of time you can commit to working with an older adult: _____

Days Available: _____ **Hours Available:** _____

Volunteer Preferences: Particular Geographic Area: _____

Male _____ Female _____

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

Yes ___ No ___

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

Yes ___ No ___

Do you have your own transportation? Yes ___ No ___

How did you learn about the Community Transportation Program? _____

Are you an Orange County Department on Aging Volunteer Connect 55+ Volunteer? Yes ___ No ___

If no, and over 55, would you like more information about the Volunteer Connect 55+ program and the benefits?

Yes ___ No ___

Insurance Information *(Required to qualify for volunteer driver's insurance)*

- I am enrolling as a volunteer in the Community 55+ Volunteer Program.
- I designate as the beneficiary of my supplemental accident insurance:
 Name: _____ Relationship: _____
 Address: _____ Phone: _____
- Do you have a car? Yes ___ No ___ Driver's License? Yes ___ No ___
 Liability Insurance? Yes ___ No ___
- I, the volunteer, understand that if I use my personal automobile in my volunteer service, I will arrange to keep in effect automobile insurance equal to the minimum limits required by the State of North Carolina.
 - Insurance Company: _____
 - N.C. Driver's License Number (or other state): _____
 - Expiration Date: _____
- If I use my personal automobile in my volunteer service, I will obtain, and provide to the Community Transportation a copy of my driving record from the North Carolina Department of Motor Vehicles.

Volunteer Signature _____ Date _____
Hardcopy signature (print form & sign)

(Do not write below this line)

OFFICE USE ONLY

Date of Training _____

Date volunteer service began _____ Name of Participant assigned to _____

Agreed Schedule _____ Services Provided _____

Received:

Reference #1 Verified (date): _____ Reference #2 Verified (date): _____
Signed Confidentiality (date): _____ Background Check (date): _____

Reviewed by: Signature _____ Date: _____

Print, sign and return form to Eileen Nilsen: 2551 Homestead Rd., Chapel Hill, NC 27516 or email: enilsen@orangecountync.gov