



“A Transportation Option for Coronado Residents 60+”

### Volunteer Driver Application

#### Applicant Information

Full Name: \_\_\_\_\_ Gender:  Male  Female  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Do you have a clean driving record?  YES  NO

Do you have any prior convictions or felonies?  YES  NO

If yes, explain: \_\_\_\_\_

How did you hear about Coronado Seniors Out and About Program?

Advertisement  Friend/Family  Presentation  Banner  Flyer  Other

If Other, please describe:

#### In case of an emergency while volunteering, please list someone we may call on your behalf:

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

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

#### Military Service

Branch: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

#### Previous Volunteer Experience

Company or Organization: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Website: \_\_\_\_\_

Duties Performed: \_\_\_\_\_



Company or Organization: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Website: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

### References

Please list three personal references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Vehicle Questionnaire

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Doors: \_\_\_\_\_ Type of Vehicle: \_\_\_\_\_ Condition:  Excellent  Good  Fair  Poor  
(Van, Truck, Coupe, etc.)

Capacity to carry:  Wheelchair  Walker  Oxygen Tank Is your vehicle wheelchair accessible (ramp or lift)?  YES  NO

### Driver Questionnaire

Do you have any special training or skills that will allow you to assist riders? (e.g. CNA, LPN, RN, etc.)  YES  NO

If Yes, please explain: \_\_\_\_\_

Are you willing/able to assist riders with limited mobility (i.e. Providing door-through-door services with shopping bags, walkers, wheelchairs, and canes)?  YES  NO

Are you willing/able to stay with riders during appointments?  YES  NO

If Yes, for how long? \_\_\_\_\_

Do you have any special medical limitations that might affect your ability to drive or provide a safe ride?  YES  NO

Are you proficient in speaking in any other languages other than English?  YES  NO

If Yes, what languages? \_\_\_\_\_

Are you willing to drive outside of Coronado?  YES  NO

How far from your home are you willing to drive (miles)? \_\_\_\_\_



**Driver Availability**

*Please list the hours you are available to drive for each day of the week:*

For example:

Tuesday
9 A.M. – 2 P.M.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to my approval to drive, I understand that false or misleading information in my application or any subsequent interview may result in my dismissal from the volunteer program.*

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

