

Check your interest(s): ___driver ___ride coordinator ___office help Today's date: _____



Getting There Ride Share Volunteer Application

PERSONAL INFORMATION

Name _____ D.O.B. ____/____/____

Street Address _____

City/State/Zip code _____

Phones: (home) _____ (cell) _____

(For safety reasons, drivers are required to carry a cell phone with them)

Email _____ Indicate preferred mode of contact _____

Emergency contact person _____ phone _____

Address for Emer. Contact _____

Relationship to self _____

How did you hear about Getting There Ride Share? _____

Do you speak a second language? Please list it _____

List previous volunteer experience _____

List hobbies, skills, special interests _____

List groups with which you are affiliated _____

CHARACTER REFERENCE - List one personal reference we may contact.

Name _____ Phone _____

Relationship _____

I acknowledge that the information I have provided on this application is true and honest.



Volunteer signature _____

Ride Coordinator Schedule Information

Day(s) of week available _____ Time available _____

(Minimum 5 hour shift)

Ride Coordinator applicants need not complete the driver portion of the application (page 2)

Please return this application to: Getting There Ride Share, 1024 Main St, Darlington, MD 21034