### PCSC Volunteer Driver Info/Availability NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BIRTHDATE: \_\_\_\_\_\_\_\_\_\_\_\_\_ CITY/STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_

**PHONE: (C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

APPROXIMATE LENGTH OF COMMITMENT FOR VOLUNTEER WORK: HOURS PER WEEK AVAILABLE FOR VOLUNTEER WORK:

PHYSICAL LIMITATIONS OR NEEDS:

1. **DAYS YOU CAN DRIVE:** Monday Tuesday Wednesday Thursday Friday

 Saturday Sunday

1. **TIME OF DAY:** Mornings Afternoons Both
2. **HOW MANY TIMES CAN YOU DRIVE?**

Weekly Monthly Times / Month

1. **HOW FAR ARE YOU WILLING TO TRAVEL?**

Miles: Point Loma area only

1. **WILLING TO DRIVE FOR NECESSARY ERRANDS?** Yes No
2. **RATHER BE MATCHED WITH ONLY ONE PERSON WHO WOULD CALL YOU DIRECTLY?**

Yes No

1. **IF YES... ARE YOU CURRENTLY DRIVING SOMEONE?**

Name:

1. **ARE YOU WILLING TO HELP RIDERS WITH LIMITED MOBILITY? THIS MAY INCLUDE PROVIDING DOOR-THROUGH-DOOR SERVICE AND ASSISTANCE WITH WALKERS, CANES. ETC**.

Yes No

1. **PLEASE VIST US AT THE OFFICE (1475 Catalina Blvd San Diego, CA 92107)**

We will need to make copies of:

* 1. Valid CA Driver’s license
	2. Proof of automobile insurance

# PCSC VOLUNTEER DRIVER DMV RECORD REQUEST

Last name: First Name: Middle Initial:

Date of Birth:

Driver’s License Number:

Social Security Number:

# PCSC DRIVING RECORD AUTHORIZATION

I, hereby authorize **The Peninsula Community Senior Center** to obtain a copy of my driving record. I certify that all information provided by me, pursuant to this agreement, is true and accurate to the best of my knowledge and I have read, understand and agree to the terms of this agreement.

Your Signature: Date:

Your Daytime Phone Number:

# EXPERIENCE/REFERENCES

CURRENT EMPLOYMENT:

VOLUNTEER EXPERIENCE:

WHICH VOLUNTEER OPPORTUNITY INTERESTS YOU?

LIST ANY SPECIAL TRAINING, SKILLS, OR INTERESTS:

## HOW DID YOU HEAR ABOUT PSSC?

**PERSON TO CONTACT IN CASE OF EMERGENCY:**

NAME: RELATIONSHIP:

PHONE NUMBER:

## PLEASE LIST THREE LOCAL REFERENCES (work, volunteer, or personal)

NAME ADDRESS PHONE NUMBER

1)

1.
2. )