



# Volunteer Driver Application

All applicants must be at least 18 years of age.

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Previous Name(s) if any: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Email Address: \_\_\_\_\_ Preferred Method of Contact: \_\_\_\_\_

Home, Cell or Email

Date of Birth: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Name and Phone Number

Availability (circle all that apply):  
Morning: M T W Th F Sat      Afternoon: M T W Th F Sat      Preferred Start Date: \_\_\_\_\_

Skills: Please list relevant skills, work experience, interests and/or volunteer service. \_\_\_\_\_

Have you done volunteer driving in the past?    Yes            No

Are you willing to transport multiple riders at one time?    Yes            No

If yes, what is the rider capacity of your vehicle? \_\_\_\_\_

Languages spoken other than English: \_\_\_\_\_

Do you require any physical accommodations for your volunteer assignment?    Yes            No

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

Have you ever been convicted of any crimes not annulled or expunged by a court?    Yes            No

If yes, please describe in full: \_\_\_\_\_

Please provide two non family references whom we can contact regarding your potential volunteer service with FCS.

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

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

**Background Checks:** FCS will conduct background checks on all volunteer drivers, including: criminal, sex offender and motor vehicle reports. A separate form is provided for this, and the information will be held in the strictest confidence.

**Safety and comfort** are important to the FCS Transportation Program. You will be expected to maintain a safe vehicle that is up to date with inspection, registration and insurance\*. You will be asked to provide annual documentation to support these requirements.

\*Proof of insurance shall meet the following minimum insurance requirements: \$50,000 for bodily injury per person, \$100,000 bodily injury per accident, \$25,000 for property damage and \$50,000/\$100,000 uninsured/underinsured motorist) to be kept on file at FCS. A volunteer may not accept trip requests until all documentation is on file.

I attest that the above information is true to the best of my knowledge.

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Signature

Date

**To complete your application, please include:**

- Copy of your Driver's License
- Proof of Auto Insurance
- Copy of Registration on all vehicles you will use in providing rides

Please send this completed registration form and documents to  
Marie O'Donnell, AFFP Coordinator, by email to [modonnell@fcsmaine.org](mailto:modonnell@fcsmaine.org),

or by mail to:

Marie O'Donnell

Freeport Community Services

PO Box 119

Freeport, ME 04032

Call Marie at (207) 865-3985 ext. 222 with any questions.

**Thank you for your interest in becoming a volunteer driver with FCS!**