Volunteer Application

Thank you for your interest in becoming a HealthTran Volunteer Driver! Please fill out the information below, and email to **Glennette@cabllc.com**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Full Name:** | First | Middle Initial | Last | **DOB:** |  |
| **Cell Number:** |  | **Alt Phone:** |  |
| **Email:** |  | **Preferred Contact Method:** | [ ]  **Text** [ ]  **Email** |
| **Address:** |  | **Apt #:** |  |
| **City:** |  | **Zip:** |  | **County:** |  |
| **Employer:**(Most recent if retired) |  | **Job Title:** |  |
| **Special Training, Hobbies, Skills:** |  |
|  |
| **Why Do You Want to Volunteer?** |  |
|  |
| **Background Check:**  |  |
| [x]  |  |
| [x] **\_\_\_\_\_Initials** | I authorize HealthTran to complete (provide **7 Years** **Residence History** including **Month and Year**) |
| **Vehicle Information:** |
| **Make:** |  | **Model:** |  | **Year:** |  |
| **Color:** |  | **License Plate #:** |  | **# of Passengers:** |  |
| **Do You Have a Current and Valid (Missouri) State Driver’s License?** | [ ]   **Yes** [ ]  **No** |
| **If No, Please Explain**: |  |
| **I Have Been a Registered Driver for More Than 3 Years:** | [ ]  **Yes**  [ ]  **No** |
| \*\*Please send a copy of **Vehicle Registration, Auto Insurance, and Driver’s License** to:Glennette@Cabllc.com |

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| **DRIVER AVAILABILITY**One of the many perks of being a HealthTran Volunteer Driver is the flexible schedule. You make your schedule and drive when you want to. Help us understand when you will be available to drive by answering the following questions: |
| **Frequency:** |  [ ]  As often as needed [ ]  3 times a week [ ]  2 times a week [ ]  1 time a week [ ]  1 time every two weeks [ ]  1 time a month |
| **Comments:** |  |
| **Date of the Week** | **Available?** | **Start Time:** | **End Time:** |
| Monday | [ ]  Yes [ ]  No | : | : |
| Tuesday | [ ]  Yes [ ]  No | : | : |
| Wednesday | [ ]  Yes [ ]  No | : | : |
| Thursday | [ ]  Yes [ ]  No | : | : |
| Friday | [ ]  Yes [ ]  No | : | : |
| Saturday | [ ]  Yes [ ]  No | : | : |
| Sunday | [ ]  Yes [ ]  No | : | : |
| **Comments:** |  |
| **I am willing and able to transport the following types of rides: (check all that apply)**\*Your answers help us make quality matches between drivers and riders and have no barring on your ability to become a volunteer driver |
| [ ]  Rider needs door to door assistance\*Volunteers will never be expected to enter a home/business | [ ]  Rider needs curb to curb assistance |
| [ ]  Rider has foldable walker/wheelchair | [ ]  Short notice | [ ]  Long distance |
| **Comments:** |
| **Additional Volunteer Opportunities**HealthTran looks for special volunteers who can be our “face” to drivers and the community. Below are descriptions of additional volunteer opportunities with HealthTran. Check the box of any role that you may be interested in and we will give you a call to discuss the positions further. |
|  [ ]  I am interested in learning more about being the “Lead Volunteer”. In this role you would assist with recruiting, onboarding, and training new volunteers. This may include, but is not limited to meeting with prospective volunteers, assisting with application and paperwork completion, training volunteers, completing saliva drug tests, assisting with technology set up, introducing to relevant contacts in the area via email or in person, and assisting the new volunteer through their first date. |
| [ ]  I am interested in learning more about being the “Community Outreach Volunteer”. In this role I would assist in promoting and recruiting for the program. This may include, but is not limited to, representing HealthTran at fairs and booths, attending local meetings as a representative of HealthTran, delivering and hanging fliers, and assisting in finding and creating recruitment opportunities. |

**Defensive Driving Questionnaire**

Help HealthTran learn about your driving habits by filling in the questionnaire below. Select 1-5 for each statement; 1 being never, 5 being always.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Never** |  **Sometimes** | **Usually** | **Often** | **Always** |
| **1** | **2** | **3** | **4** | **5** |
| 1. I follow the speed limit regardless of what the traffic around me is doing and how fast they are going.
 |  |
| 1. I maintain control in driving situations by focusing on my own driving behavior and emotions.
 |  |
| 1. I plan ahead to allow for traffic, weather conditions and construction when timing my daily routes.
 |  |
| 1. I adhere to the designated driver rule when out with friends, making sure we always have a sober driver.
 |  |
| 1. I try to cooperate with other people on the road and do not let uncooperative driving behavior impact me.
 |  |
| 1. I alert the other drivers to my actions when driving by communicating positively through my directional signals and friendly gestures.
 |  |
| 1. I take care of my vehicle to ensure safe functioning by scheduling regular maintenance.
 |  |
| 1. I focus when driving on the task at hand and avoid any distractions like talking on cell phone, eating or grooming.
 |  |
| 1. I am relaxed, and pretty calm regardless of the situation and what the conditions are when driving.
 |  |
| 1. I follow traffic signals and signs even when in a hurry because it is the safest choice to make for everyone involved.
 |  |
| 1. I do not drive when tired or drowsy and take measures to rest periodically when taking long trips.
 |  |
| 1. I wear my safety belt and require all riders to do the same while in my vehicle.
 |  |
| 1. I drive the posted speed limit because it is the safest for myself and others on the road.
 |  |
| 1. I use my mirrors and check for blind spots before making lane changes.
 |  |
| 1. I enjoy driving in a legal manner because it is less stressful and the right thing to do.
 |  |