

NDTS VOLUNTEER APPLICATION
Northern Dauphin Transportation Services Program



Date: _____

PERSONAL		
Name: Last	First	Middle
Do you have a valid Driver License?	Do you have any restrictions on your Driver's License other than eyewear?	Do you have valid automobile insurance?
Address:		Email:
Cell Phone:	Home Phone:	Work Phone:
Emergency Contact: Relationship:		Cell Phone:

CONVICTIONS	DRIVING VIOLATIONS
Have you been convicted of a felony or misdemeanor in the past 7 years? (Please note that criminal conviction will not necessarily disqualify you from volunteering). YES _____ NO _____ Offense _____ Date and place of conviction _____	Have you ever had any of the following violations: 1) More than two (2) violations in the previous two years? 2) One (1) or more DUI convictions? 3) One (1) or more at-fault accidents in the previous two years? 4) One (1) or more hit and run or leave the scene of an accident? YES _____ NO _____ Violation _____ Date and place of violation _____

REFERENCES			
Name	Relationship	Phone Number	Years Known
Personal:			
Professional:			

AVAILABILITY (circle all that apply)				
Monday	Tuesday	Wednesday	Thursday	Friday
A.M. and/or P.M.	A.M. and/or P.M.	A.M. and/or P.M.	A.M. and/or P.M.	A.M. and/or P.M.

PRIOR VOLUNTEER EXPERIENCE		
Organization	Description	Dates Active

Tri County Community Action Agreement and Signature	
I understand the above information and I have completed this application truthfully, to the best of my knowledge. By signing this application, I release the Tri County Community Action from any liability if I were to be injured while completing my Volunteer hours. I understand that I do not have to perform any tasks that I regard to be dangerous or inappropriate. I also agree to keep the schedule that my Volunteer supervisor sets for me, arriving on time and making arrangements in advance if I need to change my schedule.	
Volunteer's Name (printed):	Volunteer's Signature:
Coordinator's Name (printed):	Coordinator's Signature:

Tri County Community Action Policy
It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this Volunteer Application form and for your interest in serving NDTs. Please call 717.905.2011 with any questions.
 Mail or drop-off completed forms to: Tri County Community Action
 Mailing address: P.O. Box 681
 Physical address: 20 Clearfield Street, Suite 12
 Elizabethtown, Pa. 17023