



FISH (Friends in Service Helping) VOLUNTEER DRIVER APPLICATION

THANK YOU to the generosity of our volunteers!

Without them, we would not be able to provide our Senior community with these services!

Name _____ Date _____

Address _____

Phone (H) _____ Phone (Cell) _____ Email _____

Employment? Full time / Part time / Retired / None

Have you done volunteer driving in the past? Y / N

Comfort and safety are important aspects of the Center. Are you willing to maintain a clean car with up to date inspection, registration, and insurance? Y / N

References: Please list two people who have known you a minimum of three (3) years or have worked with you:

Name _____ Address _____

Phone _____ Relationship _____

Name _____ Address _____

Phone _____ Relationship _____

Emergency contact:

Name _____ Phone _____ Relationship _____

Background Checks: The Center check backgrounds and licenses on all volunteer drivers. We will need the following information to process your application. Please note, your date of birth and Social Security Number are never shared with others for any reason. The Center strives to provide safe, comfortable, confidential, and reliable services. Your signature below will confirm permission to check references and backgrounds.

Date of Birth _____ Social Security _____

Volunteer Signature _____ Date _____

***To complete your application, please stop by The Center (175 Port Rd, Kennebunk ME) with:

- Completed and signed Driver Application
- Driver's License
- Proof of Auto Insurance

Thank you for your interest in volunteering for The Center.

We are always looking for caring people to join our excellent volunteer drivers.

The Center. Seniors. Connections. Community.

175 Port Road, Kennebunk ME 04043, (207) 967-8514 www.seniorcenterkennebunk.org