

**BUS BUDDY
VOLUNTEER REGISTRATION FORM**



Name: _____ Phone: _____ (Home) _____ (Work)
 Address: _____ City: _____ Zip Code: _____
 Date of Birth: _____ Optional, Gender: _____ Ethnicity: _____
 Occupation: _____ E-Mail: _____

If you will be using your car at any time as a volunteer (such as to get to a client's home), it is necessary for our office to record the following information:

- a. Valid driver's license? Yes No
 If yes, please list driver's license number: _____ State: _____
- b. I have at least the minimum auto insurance required by the State of Washington (\$25,000 liability per person, \$50,000 liability and \$10,000 property damage per occurrence.)
 Yes No If yes, please list insurance company name: _____

Have you ever been convicted of a felony? Yes* No

*An affirmative answer does not necessarily bar you from volunteer work.

Because our clients are designated by the State as a vulnerable population, all volunteers are required to authorize a records check by the Washington State Patrol. **Please complete Section C and the Applicant Information portion of Section D (Signature required) on the attached form and return it with your registration.** You will be notified of the results of the State Patrol Check.

Do you have a monthly bus pass?
 Yes No

I am available to volunteer:

- | How Often? | Times of Day? | Preferred Assignment? |
|--|---|--|
| <input type="checkbox"/> Daily | <input type="checkbox"/> Mornings | <input type="checkbox"/> Ongoing Client |
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Afternoons | <input type="checkbox"/> Short-Term Client |
| <input type="checkbox"/> Twice a Month | <input type="checkbox"/> Evenings | <input type="checkbox"/> No Preference |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Days/Times Available | |

I am willing to volunteer in the following geographical area(s)

Are you willing to travel outside of Pierce County? Yes No
 If yes, please specify county(s): _____

Are you fluent in another language? Yes No
 If yes, please specify: _____

Do you have any physical limitations? Yes No
 If yes, please specify: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

It is necessary for our office to have three references on file (please do not list relatives). Please

fill out completely:

Name: _____ Phone: _____ (Home) _____ (Work)

Address: _____ City: _____ Zip Code: _____

Name: _____ Phone: _____ (Home) _____ (Work)

Address: _____ City: _____ Zip Code: _____

Name: _____ Phone: _____ (Home) _____ (Work)

Address: _____ City: _____ Zip Code: _____

Additional Comments: _____

How did you hear about the Bus Buddy program? _____

Signed: _____ Date: _____

Please return completed form to:
Volunteer Chore Services of Pierce County
Catholic Community Services SW
1323 S. Yakima Ave.
Tacoma, WA 98405

Revised: 3/10/08; BusBuddy