



**Please complete and return to:**  
**Helping Hands of Glenview**  
**C/O Glenview Senior Center**  
**2400 Chestnut Ave**  
**Glenview IL 600026**  
**847-729-8181**

**WWW.HELPINGHANDSGLENVIEW.ORG**

**VOLUNTEER DRIVER TRANSPORTATION INFORMATION**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_

E-MAIL \_\_\_\_\_

ANY PHYSICAL LIMITATIONS? \_\_\_\_\_

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**DRIVING AVAILABILITY INFORMATION**

	MON	TUES	WED	THURS	FRI	SAT	SUN
AM							
PM							
EVENING							
OCCASIONAL							

WOULD YOU ALSO BE WILLING TO HELP OUT WITH:

ERRANDS: WITH CLIENT \_\_\_\_\_ FOR CLIENT \_\_\_\_\_ SHOPPING: WITH CLIENT \_\_\_\_\_ FOR CLIENT \_\_\_\_\_

YARD CLEAN-UP – (USUALLY A SATURDAY IN THE FALL) \_\_\_\_\_

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**AUTO INSURANCE INFORMATION:**

**PLEASE ATTACH COPIES OF:**

- DRIVER'S LICENSE showing expiration date (sometimes on back of license)
- INSURANCE CARRIER - current insurance registration card

MAKE OF AUTO \_\_\_\_\_ YEAR \_\_\_\_\_ SEATING CAPACITY \_\_\_\_\_

2 DOOR: \_\_\_\_\_ 4 DOOR: \_\_\_\_\_ SUV/MINI VAN: \_\_\_\_\_ TRUCK: \_\_\_\_\_