

VOLUNTEER DRIVER TRANSPORTATION INFORMATION

DATE: _____

NAME: _____

ADDRESS: _____

PHONE: (PREFERRED) CELL: _____ HOME _____

WORK _____

E-MAIL _____

ANY PHYSICAL LIMITATIONS? _____

DRIVING AVAILABILITY (Pick-Up Times between)

	MON	TUES	WED	THURS	FRI
AM (8:30 AM-12 PM)					
PM (12 PM- 33:30 PM)					

OTHER AVAILABILITY INFORMATION: _____

WOULD YOU ALSO BE WILLING TO HELP OUT WITH:

ERRANDS: WITH CLIENT _____ FOR CLIENT _____ SHOPPING: WITH CLIENT _____ FOR CLIENT _____

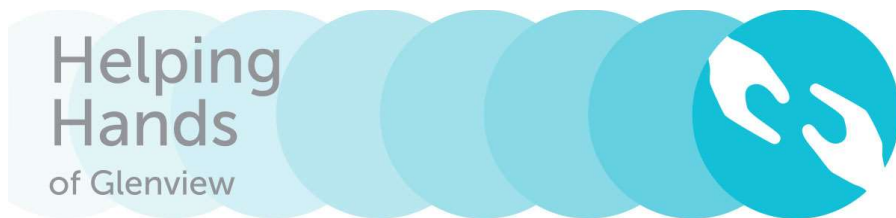
YARD CLEAN-UP – (USUALLY A SATURDAY IN THE FALL) _____

AUTO INSURANCE INFORMATION:

MAKE OF AUTO _____ YEAR _____ SEATING CAPACITY _____

2 DOOR: _____ 4 DOOR: _____ SUV/MINI VAN: _____ TRUCK: _____

Volunteer driver information:



Thank you for your interest in becoming a volunteer driver for **Helping Hands of Glenview**, a non-profit organization to help our clients living in Glenview.

The Volunteer Driver form will assist our driver coordinator to know when you can help AND what you feel comfortable doing. It is very important that you furnish us with a copy of both your auto insurance card **and** a copy of your Illinois Driver's license including the date of expiration, which must be in the future.

Helping Hands of Glenview is a non-profit organization founded to, among other purposes, to assist to fulfill the needs of the elderly and disabled of our Glenview community. As part of our services, rides are arranged for our clients-at no charge and no compensation is expected by the volunteers. Please review the Transportation guidelines for further information.

The Board of **Helping Hands of Glenview** does realize that a client might wish to express his/her gratitude to the driver. This intended compensation might, for example, be monetary or a small personal gift, or even an offer of a cup of coffee. We, the Board realize that no driver will ever accept a gift that would be considered disproportionate to the volunteer's services, i.e. any gift in excess of \$50.00 in a twelve month period.

If you have any questions, please direct them to our driver coordinator at (847) 729-8181.

PLEASE ATTACH COPIES OF:

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

Please complete and return to:

**Helping Hands of Glenview
C/O Glenview Senior Center
2400 Chestnut Ave
Glenview IL 60026
847-729-8181**

WWW.HELPINGHANDSGLENVIEW.ORG