

Volunteer Driver Availability

Name: _____

Please check the boxes below for the days of the week you would be interested in volunteer driving, including weekends and holidays. If there are certain time periods in which you wish to volunteer, please note.

Please indicate the times that you are available to volunteer:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							
Spring							
Summer							
Fall							
Winter							

Comments: (particular regular dates of the month you are NOT available):

Volunteer Driver Assignment Choices: (Please check all you are willing to accept using your car)

- in immediate community for non-congregational activities (dr appts, groceries)
- out of community-medical
- to congregation activities

The (Sponsoring Organization) attempts to estimate the approximate length of client appointments, but realize that doctors can request more tests or procedures. Please be patient and if you think that you are going to be short on time, do not accept the ride request.

As client information is confidential, the (Sponsoring Organization) is not routinely allowed to release the medical reason for appointments.

Name: _____

Signature: _____

Date: _____