



**VOLUNTEER CENTER OF SONOMA COUNTY**  
**VOLUNTEER WHEELS DRIVER APPLICATION**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 City/Zip \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Email \_\_\_\_\_ Fax Phone \_\_\_\_\_  
 DOB \_\_\_\_\_ Driver License # \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Employment Information (Current or Prior)**

Name & Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Position \_\_\_\_\_  
 General Duties \_\_\_\_\_

**Volunteer Experience**

Agency \_\_\_\_\_ Phone \_\_\_\_\_  
 Services Performed \_\_\_\_\_

**References**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

May we contact those listed above?  YES  NO

Circle the day(s) you would like to drive? Mon. Tues. Wed. Thurs. Fri.

What hour(s) would you like to drive?  Mornings are from 8:00am to 12:00.  All Day, **or**  
 Afternoons are from  12:00-4:00 **or**  12:30-4:30 **or**  1:00-5:00

**AUTHORIZATION TO OBTAIN DMV RECORDS**

As a part of my selection and Community Service as a Volunteer Driver, I authorize the Volunteer Center of Sonoma County to request current and ongoing information from the Department of Motor Vehicles (DMV) regarding my driving record for the sole purpose of determining eligibility as a driver for the Volunteer Wheels Program.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

*In the execution of my duties as a volunteer I hereby grant full permission to The Volunteer Center of Sonoma County to use my name and likeness in any broadcast, telecast, video or print media of the event without compensation to me. This certifies that this application has been completed by me, and that all entries on it and information in it, are true and complete to the best of my knowledge.*

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_