

Edith Bishel Center
FOR THE BLIND
 AND VISUALLY IMPAIRED

628 N. ARTHUR STREET • KENNEWICK, WA • 99336 • (509) 735-0699 • FAX (509) 735-4074

Name: _____ Birthdate: ____/____/____
 Address: _____ City/State/ZIP: _____
 Phone: (____) _____ - _____ Cell: (____) _____ - _____
 Email: _____

Contact Preference: Phone Email Gender: ____
 Do you give permission for the use of your photo in publicity? Yes No
 Do you volunteer now? Yes No If so, where? _____

Optional Information: (Check all that apply)

Do you have a disability? Yes No
 If yes, what is your disability? _____
 How did you hear about Edith Bishel Center and/or one of our programs?
 Friend Staff Member Television Radio Newspaper Website Other _____

Availability:

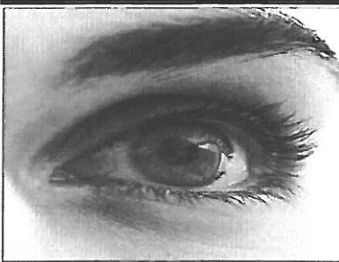
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

- One day per month
- Two days per month
- One day per week

I understand that all information on this form is voluntarily supplied and may be disclosed for volunteerism purposes only. I hereby volunteer my services and understand that I am not a paid employee of Edith Bishel Center for the Blind & Visually Impaired. I understand that I may choose among the volunteer jobs referred to me and I am under no obligation to accept any placement.

 Volunteer Signature

 Date



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Drivers License #: _____ Expiration Date: _____ State Issued: _____

Insurance Company: _____

Policy #: _____ Policy Expiration: _____

(Please note: As a volunteer driver, in the event of an accident, your insurance will serve as primary insurer. Liability coverage provided by the Edith Bishel Center is secondary.)

Have you had any of the following citations or convictions in the past THREE years:

	YES	NO
Driving under the influence of alcohol or drugs	_____	_____
Hit and Run	_____	_____
Failure to report an accident	_____	_____
Negligent homicide arising out of the use of a motor vehicle	_____	_____
Using a motor vehicle for the commission of a felony	_____	_____
Permitting an unlicensed person to drive	_____	_____
Reckless driving	_____	_____
Three or more moving violations or accidents	_____	_____

How long have you been driving in this community? _____

Have you been involved in a car accident in the past five years? Yes ____ No ____

If yes, please explain circumstances:

Have you received a traffic violation (unrelated to parking) in the last five years? Yes ____ No ____

If yes, please state the offense for which you were convicted and are now obliged to do community service:

Are you volunteering for this program pursuant to any court ordered community service? Yes ____ No ____

If yes, please explain:





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Have you ever been convicted of any type of felony or misdemeanor involving a vehicle?

Yes ___ No ___

If yes, please explain circumstances:

Do you have any health problems which might affect your driving? Yes ___ No ___

If yes, please explain:

Do you have limitations on where you will drive? Yes ___ No ___

Counties willing to serve: _____

Distance willing to drive: _____

What is your reason for volunteering?

Previous volunteer experience:

CERTIFICATION

- My signature below certifies that the information given on this form is true and correct to the best of my knowledge and that I agree to the following:
- I understand that driving for the EBC is an important responsibility and I will exercise care and due diligence while driving.
- I understand that as a volunteer driver, I must be 25 years of age.
- I certify that I possess a valid driver's license.
- I agree that I will refrain from using a cell phone or any other electronic device while operating an EBC vehicle.
- I agree to adhere to the State of Washington safety belt laws and regulations.

Volunteer Driver Signature

Date