



## Volunteer Driver Application

Thank you for your interest in becoming a Volunteer Driver! This application will be used to establish your eligibility as a volunteer for COAST. The information you provide helps us assure you, this organization, and the public that the highest standards of safety and accountability are maintained. Your information is confidential and is not shared. **All applicants must read and sign in the signature block on page 2.**

Full Name:

I am at least 21 years old.

I have a reliable vehicle and auto insurance.

Physical Address:

City:

State:

Zip:

Mailing Address (if different from Physical Address):

City:

State:

Zip:

Home Phone:

Cell Phone:

Email:

A positive response to the following four questions will not necessarily preclude you from volunteering.

1. Have you ever had your driver's license suspended, revoked, or refused?  Yes  No

*If yes, please explain:*

2. Has an insurance company ever refused, canceled, non-renewed, or given notice of intention to non-renew automobile insurance to you?

Yes  No

*If yes, please explain and list company and agent name and phone:*

Date:

Reason:

3. Have you been convicted during the last 10 years of driving while intoxicated or under the influence of drugs?

Yes  No

*If yes, please explain:*

4. Have you had any moving violations or citations (other than parking) that you have been convicted of, forfeited bail, or paid any fines for during the past 3 years?

Yes  No

*If yes, please explain:*

I attest that the information supplied is true and accurate, and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with COAST or my termination as a volunteer. I understand that I will be required to provide sufficient information and sign an Authorization for a Background Check as part of the volunteer application process. I understand that any offer of a volunteer position is dependent on results of the background check. I further understand that my position as a volunteer may be terminated immediately without cause and without notice at the sole discretion of COAST.

Signature:

Date:

By providing the following information, COAST will be better able to offer volunteer assignments that best fit your schedule. **This is not a commitment**; it is simply letting us know your preferences.

When would you usually be available to volunteer?

- Weekday Mornings
- Weekday Afternoons
- Weekday Evenings
- My availability varies

Are there months that you are not in the area?       Yes    No

If yes, what months are you away?

Are you willing/able to:

Transport passengers with medical equipment (e.g., an oxygen tank or walker)?    Yes    No    Not Sure

Transport a passenger with a seeing eye/service dog?                                     Yes    No    Not Sure

Have a passenger install an infant/child car seat in your vehicle?                     Yes    No    Not Sure

Help a passenger carry groceries/packages to their door?                                  Yes    No    Not Sure

*Thank you for applying! We'll be in touch with you soon.*

Send completed applications to:

[volunteers@coastbus.org](mailto:volunteers@coastbus.org)

COAST  
 42 Sumner Drive  
 Dover, NH 03820  
 Attn: Volunteer Driver Program