



Wheels for Wellness Volunteer Application

301 N. Cameron St, #104 Winchester, VA 22601
540-536-1006

www.Wheels4Wellness.org

Name _____

Date of Birth _____

Mailing Address _____

Home Phone Number _____ Cell Phone Number _____

Employer _____ Occupation _____

Business Address _____

Business Phone Number _____ May we call you at work? _____

Email Address _____

Best time to contact you _____

Emergency Contact Name _____ phone _____

Are you licensed to operate a motor vehicle in Virginia ? _____

Has your license ever been revoked? _____ If yes, please explain _____

Have you ever been convicted of a crime? _____ If yes, please explain _____

Are you willing to use your own vehicle for FIA transport ? _____

Type of Vehicle _____ VA Driver License # _____ exp date _____

Insurance Company _____ Policy Number _____

Describe any passenger/client limitation of your vehicle, i.e., not enough room to accommodate walker or portable oxygen, seats that are particularly high or low...

Have you volunteered previously? If so, please list organization(s), dates of service, duties

List foreign languages in which you are fluent _____

Please circle the areas in which you are willing to provide transportation to and from

Winchester Frederick County Clarke County Warren County

Northern Shenandoah Co.

Please indicate if you have a preference for days or time of day for transports

<u>Mon</u>	<u>Tue</u>	<u>Wed</u>	<u>Thu</u>	<u>Fri</u>
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM

Would you have a preference for either of the following

Drop-off only and pick-up only transports for treatment (as opposed to round-trip medical appointments) _____

Regular transport(s) where you would drive the same person at the same time/ destination each week or month _____

Please list two references we may call (non-family members)

Name _____ Phone Number _____

Relationship _____ Number of Years Acquainted _____

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Relationship _____ Number of Years Acquainted _____



Wheels for Wellness Volunteer Agreement

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I, _____, agree to serve as a WFW Volunteer by:

- performing volunteer duties to the best of my ability and in compliance with Volunteer Guidelines
- providing reliable transport for which I've requested and been assigned and providing prompt notice should a schedule conflict arise.
- providing consent for Faith in Action DBA Wheels for Wellness and Winchester Medical Center Volunteer Services to contact my listed references and/or employers; conduct a routine background check and DMV driving record check.

I understand that the above information is voluntarily supplied and may be included in anonymous data reporting. I also understand that as a Faith in Action/Wheels for Wellness Volunteer, I am not paid for my services.

Signature: _____ Date: _____