

P.O. Box 158
Grand River OH 44045
www.laketran.com
1-888-LAKETLAN



Laketran Volunteer Application

Mission: To provide quality transportation service to all Lake County residents with a special emphasis on meeting the transportation needs of senior citizens and people with disabilities.

Contact Information

Name	
Street Address	
City, State, Zip Code	
Home Phone	
Other Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings As needed
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

- Presentations Special Events Assist first-time riders intern

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

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Additional Information

Have you ever been convicted of a felony? Yes No

Have you ever had any previous contact with Laketrans? Yes No

If yes, please explain:

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Volunteer Agreement

I agree to serve as a Laketrans volunteer and to perform my duties based on my job description, the eligibility standards and policies, and to the best of my abilities. I agree to adhere to the agency rules and procedures, including record-keeping requirements and confidentiality of agency and client information. I will meet time and duty commitments, or provide adequate notice so that alternate arrangements can be made.

Name (printed)	
Signature	
Parent/guardian name (if volunteer is under 18 years of age)	
Parent/guardian signature	
Date	

Person to Notify in Case of Emergency

Name	
Relationship	
Home Phone	
Other Phone	

Three Personal References

Name	
Relationship	
Home Phone	
Other Phone	

Name	
Relationship	
Home Phone	
Other Phone	

Name	
Relationship	
Home Phone	
Other Phone	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

I am willing to participate in the background screening and training procedures involved.

I, hereby authorize verification of all statements herein and release Laketran and all others from liability in connection with the same.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.