

## PSC Volunteer Driver Info/Availability

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (C) \_\_\_\_\_ (H) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

APPROXIMATE LENGTH OF COMMITMENT FOR VOLUNTEER WORK: \_\_\_\_\_

HOURS PER WEEK AVAILABLE FOR VOLUNTEER WORK: \_\_\_\_\_

PHYSICAL LIMITATIONS OR NEEDS:

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1. **DAYS YOU CAN DRIVE:** Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_  
Friday \_\_\_ Saturday \_\_\_ Sunday \_\_\_

2. **TIME OF DAY:** Mornings \_\_\_ Afternoons \_\_\_ Both \_\_\_

3. **HOW MANY TIMES CAN YOU DRIVE?**  
Weekly \_\_\_ Monthly \_\_\_ Times / Month \_\_\_

4. **HOW FAR ARE YOU WILLING TO TRAVEL?**  
Miles: \_\_\_ Point Loma area only \_\_\_

5. **WILLING TO DRIVE FOR NECESSARY ERRANDS?** Yes \_\_\_ No \_\_\_

6. **RATHER BE MATCHED WITH ONLY ONE PERSON WHO WOULD CALL YOU DIRECTLY?**  
Yes \_\_\_ No \_\_\_

7. **IF YES... ARE YOU CURRENTLY DRIVING SOMEONE?**  
Name: \_\_\_\_\_

8. **ARE YOU WILLING TO HELP RIDERS WITH LIMITED MOBILITY? THIS MAY INCLUDE PROVIDING DOOR-THROUGH-DOOR SERVICE AND ASSISTANCE WITH WALKERS, CANES. ETC.**  
Yes \_\_\_ No \_\_\_

9. **PLEASE VISIT US AT THE OFFICE (1475 Catalina Blvd San Diego, CA 92107)**  
**We will need to make copies of:**  
A. Valid CA Driver's license  
B. Proof of automobile insurance

Peninsula Shepherd Center  
www.sdpsc.org  
1475 Catalina Blvd  
San Diego CA 92107  
619-223-1640



**PSC VOLUNTEER DRIVER  
DMV RECORD REQUEST**

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

**PSC DRIVING RECORD AUTHORIZATION**

I, \_\_\_\_\_ hereby authorize The Peninsula Shepherd Center to obtain a copy of my driving record. I certify that all information provided by me, pursuant to this agreement, is true and accurate to the best of my knowledge and I have read, understand and agree to the terms of this agreement.

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your Daytime Phone Number: \_\_\_\_\_

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## EXPERIENCE/REFERENCES

CURRENT EMPLOYMENT:

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VOLUNTEER EXPERIENCE:

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WHICH VOLUNTEER OPPORTUNITY INTERESTS YOU?

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LIST ANY SPECIAL TRAINING, SKILLS, OR INTERESTS:

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HOW DID YOU HEAR ABOUT PSC? \_\_\_\_\_

PERSON TO CONTACT IN CASE OF EMERGENCY:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

PLEASE LIST THREE LOCAL REFERENCES (work, volunteer, or personal)

NAME

ADDRESS

PHONE NUMBER

1)

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2)

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3)

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