

VOLUNTEER APPLICATION



The Laker Transportation Project

PO Box 644, Skaneateles, New York 13152

315-685-3030

Laker Transportation Project, Inc. is a 501(c)3 nonprofit organization providing safe, dependable and affordable transportation to seniors and physically challenged adults who reside within the Skaneateles school district.

Thank you for your interest in becoming a Laker Limo volunteer! Please complete the application and mail it to the address above or email it to lakerlimoed@gmail.com. Please note - volunteers must have access to email for communication purposes.

Please fill out the sections below:

Applicant Name: _____ **Preferred Telephone Number:** _____

Date of Application: _____ **Email Address:** _____

Mailing Address: _____ **Date of Birth:** _____

Emergency Contact Name & Phone: _____

Volunteer Position(s) applying for: ☐ Driver ☐ Escort ☐ Special Event Driver/Escort

☐ Board Member ☐ Finance Committee ☐ Volunteer Management Committee

☐ Maintenance ☐ Governance Committee ☐ Development (Fundraising/PR) Committee

Personal Information

Are you 18 years of age or older? ☐ Yes ☐ No

Have you been convicted of a criminal offense (felony or misdemeanor) in the past 10 years? ☐ Yes ☐ No

If yes, please state the nature of the crime(s), when and where it occurred and

disposition of the case: _____

Do you have a valid Driver's License? ☐ Yes ☐ No *Please attach a copy of the front and back of your license to this application.*

Have you had a traffic violation in the past 7 years? Yes ☐ No ☐

All Drivers are required to provide a DMV driving abstract to Laker Limo prior to beginning driver duties.

Due to Laker Limo's work with vulnerable populations, Laker Limo uses background check services to ensure the safety of our clients.

Do you consent to a criminal background check? ☐ Yes ☐ No

Why Do you want to Volunteer with Laker Limo?

References

Laker Limo requires all new volunteers to provide 2 (two) local personal references. References from current volunteers encouraged. Please list your references below.

Reference 1

Reference 2

Name: _____

Name: _____

Phone: _____

Phone: _____

Please list any prior volunteer experience _____

Please List below the days of the week you are available to volunteer.

___Monday ___Tuesday ___Wednesday ___Thursday ___Friday ___Saturday ___Sunday

Applicant Signature

Date

Office Use Only

Date Received	Reviewed By	Accepted/ Rejected	Pre-training ride along	Date Trained	Start Date