



BUS BUDDY VOLUNTEER REGISTRATION FORM

Name _____ Phone: _____ Home: _____ Other: _____

Address: _____ City: _____ Zip Code: _____

Date of Birth: _____ Optional: Gender: _____ Ethnicity: _____

Occupation: _____ E-Mail: _____

If you will be using your car at any time as a volunteer (such as to get to a client's home), it is necessary for our office to record the following information:

a. **Valid driver's license?** Yes No

If yes, please list driver's license number: _____ State: _____

b. I have at least the minimum auto insurance required by the State of Washington

(\$25,000 liability per person, \$50,000 liability and \$10,000 property damage per occurrence.)

Yes No If yes, please list insurance company name: _____

Have you ever been convicted of a felony? Yes* No

*An affirmative answer does not necessarily bar you from volunteer work.

Because our clients are designated by the State as a vulnerable population, all volunteers are required to authorize a records check by the Washington State Patrol. **Please complete Section C and the Applicant Information portion of Section D (Signature required) on the attached form and return it with your registration.** You will be notified of the results of the State Patrol Check.

Do you have a monthly bus pass?

Yes No

I am available to volunteer:

- How Often?**
- Daily
 - Weekly
 - Twice a Month
 - Monthly

- Times of Day?**
- Mornings
 - Afternoons
 - Evenings
 - Days/Times Available

- Preferred Assignment?**
- Ongoing Client
 - Short-Term Client
 - No Preference

I am willing to volunteer in the following geographical area(s)

Are you willing to travel outside of Thurston County? Yes No

If yes, please specify county(s): _____

Are you fluent in another Yes No
language?

If yes, please specify: _____

Do you have any physical limitations? Yes No

If yes, please specify: _____

Emergency Contact	Relationship	Phone
_____	_____	_____

It is necessary for our office to have three references on file (please do not list relatives).

Please fill out completely:

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ Zip Code: _____

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ Zip Code: _____

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ Zip Code: _____

How did you hear about the Bus Buddy program?

Additional Comments?

Signed: _____ Date: _____

Please mail or drop off at any of the following locations:

Olympia Transit Center

222 State Ave. NE
Olympia, WA 98501
360-786-1881

Intercity Transit Business Office

526 Pattison St. SE
Olympia, WA 98507
360-786-8585

or

Catholic Community Services - Volunteer Services

129 Decatur St. NW
Olympia, WA 98502
360-586-2915 ext. 28
360-586-2930 (Fax)

Or email to: SSchoengarth@intercitytransit.com or
ScottSc@CCSWW.org

*The Bus Buddy program is a partnership between Catholic Community Services of Western Washington and the following agencies:

INTERcity
TRANSIT



Washington State
Department of Transportation

Revised: 4/20/2016