



**FAIRCHILD
MEDICAL
CENTER**

**APPLICATION FOR
TRANSPORTATION SYSTEM VAN DRIVER**

Date of Birth Day ____ Month ____

Application Date: _____

Application Received in Auxiliary Office: _____

Name: _____
Last First MI

Mailing Address: _____ Email Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____
Name Phone

Personal References:

(1) _____ Phone: _____

(2) _____ Phone: _____

Special Training or Education: _____

Previous Work Experience: _____

Previous Volunteer Experience: _____

Community Affiliations (clubs, churches, other organizations): _____

Reason(s) for Wanting to Join our Volunteer Organization: _____

Do you have any physical condition(s) which may limit you from performing the position for which you have applied? Yes ____ No ____ If Yes, please explain what accommodation(s) you may need: _____

Do you possess a current CA Drivers License?

(check one) Yes ____ No ____

Please indicate days you would be able to work:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Would you be willing to substitute? Yes ____ No ____

Signature of Applicant

Date