

TASC Volunteer Application

PLEASE PRINT

This application will be used to establish your eligibility as a volunteer for TASC (Transportation Assistance for Seacoast Citizens). The information you provide helps us assure you, this organization, and the public that the highest standards of safety and accountability are maintained. We appreciate your cooperation and interest in our volunteer driver program. Return completed application to TASC, 200 High St. Hampton, NH 03842. Your information is confidential and is not shared. **All TASC volunteer drivers & passengers must wear face coverings that cover both the nose and mouth.**

Full Name		Date of Birth:	
		(must be at least 25 years old)	
Address:			
City:		State:	Zip:
Phone:	Cell Phone:	E-mail:	
Please attach a copy of your current driver's license, registration for vehicle(s) that will be used for volunteer driving assignments, official vehicle inspection report and proof of auto insurance (your auto insurance card)			

If licensed in New Hampshire less than seven years, list licenses previously issued:	
License Number/State:	License Number/State:
A positive response to the following four questions will not necessarily preclude you from volunteering.	
Have you ever had your driver's license suspended, revoked, or refused? <i>If yes, please explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has an insurance company ever refused, canceled, non-renewed, or given notice of intention to non-renew automobile insurance to you? <i>If yes, please explain and list company and agent name and phone: Date: Reason:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted during the last 10 years of driving while intoxicated or under the influence of drugs? <i>If yes, please explain</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any moving violations or citations (other than parking) that you have been convicted of, forfeited bail, or paid any fines for during the past 3 years? <i>If yes, please explain</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Your primary vehicle: Make:	Model:

<i>This application warrants a criminal history background check, and verification of my motor vehicle record as authorized by my signature below. Forms will be provided at orientation.</i>	
My signature below authorizes Transportation Assistance for Seacoast Citizens (TASC) to obtain, at its sole discretion and expense, my driving record, including all Department of Safety actions that have taken place regarding the driver's license I now hold, have held, or in the future may obtain. It also authorizes TASC to conduct a criminal history background check from the source of its choice. I further agree to any other conditions described herein. This release continues in effect as long as I continue to serve as a TASC volunteer.	
Signature:	Date:

over

Are you willing/able to:	
• Transport passengers with medical equipment (i.e., an oxygen tank or walker)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Transport a passenger with a seeing eye/service dog?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Have a passenger install an infant/child car seat in your vehicle? (TASC occasionally provides rides to a grandparent / grandchild or disabled parent with their child.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you interested in learning about serving as a volunteer driver for TASC's wheelchair accessible minivan?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you hear about TASC?	
Do you spend part of the year living in another location?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
• If yes, what months are you gone?	
Emergency contact information: Name:	
Address:	
Phone:	
Cell Phone:	
Email:	
Please use the space below to provide any additional information that may be helpful in scheduling volunteer assignments.	