

**Please complete and return to:**  
Helping Hands of Glenview  
2320 Glenview Road  
Glenview, IL 60025  
847-729-8181

**WWW.HELPINGHANDSGLENVIEW.ORG**

**VOLUNTEER DRIVER TRANSPORTATION INFORMATION**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_

E-MAIL \_\_\_\_\_

ANY PHYSICAL LIMITATIONS? \_\_\_\_\_

**DRIVING AVAILABILITY INFORMATION**

	MON	TUES	WED	THURS	FRI	SAT	SUN
AM							
PM							
EVENING							
OCCASIONAL							

WOULD YOU ALSO BE WILLING TO HELP OUT WITH:

ERRANDS: WITH CLIENT \_\_\_\_\_ FOR CLIENT \_\_\_\_\_

SHOPPING: WITH CLIENT \_\_\_\_\_ FOR CLIENT \_\_\_\_\_

YARD CLEAN-UP - (USUALLY A SATURDAY IN THE FALL) \_\_\_\_\_

AUTO INSURANCE INFORMATION:

**PLEASE ATTACH COPIES OF:**

- DRIVER'S LICENSE showing expiration date (sometimes on back of license)
- INSURANCE CARRIER - current insurance registration card

MAKE OF AUTO \_\_\_\_\_ YEAR \_\_\_\_\_ SEATING CAPACITY \_\_\_\_\_

2 DOOR: \_\_\_\_\_ 4 DOOR: \_\_\_\_\_ STATION WAGON: \_\_\_\_\_ SUV/MINI VAN: \_\_\_\_\_ TRUCK: \_\_\_\_\_