



**SUNSET EMPIRE TRANSPORTATION DISTRICT**

PO Box 68  
465 NE Skipanon Drive  
Warrenton, OR 97146  
Phone (503) 861-7433 -- Fax (503) 861-4299  
www.ridethebus.com

## Volunteer Application

All volunteer positions require a background check. Fingerprinting is required.

**Sunset Empire Transportation**  
**465 NE Skipanon Dr.**  
**Warrenton, OR 97146-9611**

**Application Date:** \_\_\_\_\_

**Position:** \_\_\_\_\_

Telephone: (503) 861-7433  
Fax (503) 861-4299

**Date Available:** \_\_\_\_\_

Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_  
                    First                      M.                      Last

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_ Emergency Phone: ( \_\_\_\_ ) \_\_\_\_\_

### **Education & Training:**

School/Facility	Attendance Dates	Graduate?	Degree/Major

List any special skills or training which may be helpful in this volunteer position:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment or Volunteer History:**

**Employer 1**

Co. Name:	Phone: (    )
Co. Address:	
Your Position:	Supervisor:
Dates of Empl.	
Reason for Leaving?	
Job duties included:	

**Employer 2**

Co. Name:	Phone: (    )
Co. Address:	
Your Position:	Supervisor:
Dates of Empl.	
Reason for Leaving?	
Job duties included:	

**Employer 3**

Co. Name:	Phone: (    )
Co. Address:	
Your Position:	Supervisor:
Dates of Empl.	
Reason for Leaving?	
Job duties included:	

**Employer 4**

Co. Name:	Phone: (    )
Co. Address:	
Your Position:	Supervisor:
Dates of Empl.	
Reason for Leaving?	
Job duties included:	

**References:**

(Please list three persons who are neither relatives nor former employers. These people should have definite knowledge of your job skills and volunteer experience.)

Name	City/State	Phone	Occupation
		( )	
		( )	
		( )	

Other than minor traffic violations, have you ever been convicted of a crime? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Are you able to volunteer in 4 hour shifts? \_\_\_\_\_

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you at any time had to take a drug or alcohol test?

Drug test    yes\_\_\_    no\_\_\_

Alcohol     yes\_\_\_    no\_\_\_

If yes to either question, Have you at any time failed a drug or alcohol test?

Drug test    yes\_\_\_    no\_\_\_

Alcohol     yes\_\_\_    no\_\_\_

Have you had any experience working with seniors or persons who are disabled? If yes please list your experience below.

Date	Description

**Certification:**

I hereby certify that all statements given herein or attached hereto are true, complete and correct to the best of my knowledge and belief. I further authorize Sunset Empire Transportation District its agents, directors, officers and employees to investigate any or all information provided by me in this Employment Application and in any supplemental documents, including, but not limited to, motor vehicle reports (MVR), accident reports, medical examination records and criminal background checks.

Signature \_\_\_\_\_