

Volunteer Travel Advisor Application

Applicant Information:

Name: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (home): _____ (cell): _____

Email: _____ Shirt size: _____

Preferred method of contact: Email Cell Home Phone

Are you fluent in any other languages? Yes No If yes, specify: _____

Please list any accommodations that may be needed: _____

Emergency Contact:

Name: _____ Phone: _____

Relationship: _____

What is your preferred volunteer schedule? *Frequency, times during the day, etc.*

Preferred Demographic:

Ride Together works with a number of target demographics. Please **select all** demographics you would be interested in working with as a Travel Advisor:

- Youth (K-12) College Students Adults Older Adults (60+)
- Riders w/ Disabilities English Language Learners

Applicant History:

Have you ever been accused or convicted of a crime? If yes, please explain: _____

Have you ever been interviewed or investigated by the Department of Children and Families (DCF) Family Services Division or the police for child abuse, senior abuse and/or neglect? If yes, please explain:

Written Response Questions:

How familiar are you with riding GMT buses? What lines do you use most often? _____

Tell us about your previous work and volunteer experience: _____

Why do you wish to be a volunteer Travel Advisor? _____

How did you hear about the GMT Ride Together program? _____

Senior Volunteers:

If you are 55 years of age or older, you are eligible for the Retired and Senior Volunteer Program (RSVP) membership. Are you currently a member? Yes No N/A

If no, would you like to be a member? Yes No N/A

Photo Release:

My signature below gives complete and unqualified permission to Green Mountain Transit to use, reproduce and/or publish photographs and/or video that may pertain to me—including my image, likeness and/or voice—without compensation. I understand that this material may be used, with or without my name, in print or electronic media including publications, public affairs releases, recruitment materials, broadcast public service advertising (PSAs), websites or for other online content.

Volunteer Signature: _____ Date: _____

Applicant Authorization:

I hereby grant Green Mountain Transit permission to investigate my personal history through any investigative agencies or bureaus of their choice in order to obtain verification in the following: Adult Abuse Registry, Child Abuse Registry, Vermont Criminal Record Check, and National Criminal Record Check.

Volunteer Signature: _____ Date: _____

Thank you for supporting Green Mountain Transit and the communities we serve. Please e-mail or mail your GMT Volunteer Transit Advisor application to:

E-mail: ridetogether@ridegmt.com

Mail: GMT attn. Irene Choi
101 Queen City Park Rd
Burlington, VT 05401