



Arrowhead Transit Volunteer Driver Stories Submission Form

Recognizing Our Volunteer Medical Rides Program Drivers

Thank you for your dedication to providing essential medical transportation for our community. We are celebrating the incredible volunteers who make this program possible by sharing their stories. If you're willing to participate, please take a moment to fill out this form. We will select a few responses to feature in our campaign.

Instructions:

- Answer as many or as few questions as you like.
- Keep responses brief and authentic.

1. Name: _____

2. Location/County You Drive In: _____

3. How long have you been a volunteer driver? _____

4. I volunteer as a medical transportation driver because:

5. One of my most memorable experiences as a volunteer driver was:

6. A passenger once told me:

7. What do you enjoy most about volunteering for the medical rides program?



8. What would you tell someone thinking about becoming a volunteer driver?

Photo/Video Permission (Optional)

- Would you be comfortable having your photo taken for this campaign? **Yes** **No**
- Would you be open to a short video recording (15-30 seconds) sharing your response? **Yes** **No**

Thank you for sharing your story! Kristin will collect this form. If selected, we will reach out for a follow-up photo or video opportunity.

Questions? Contact Kristin Deutsch at 218-735-6854