

# McKinney Avenue Transit Authority (M-Line)

## Volunteer Application

Print this form, fill it in and send it to MATA. Enter "none" in any field if it is not applicable

**MAIL:** McKinney Avenue Transit Authority, 3153 Oak Grove, Dallas, TX 75204 USA.  
**FAX:** 214.855.5250. **E-MAIL:** trolleygirtwo@yahoo.com

NAME \_\_\_\_\_ SS # \_\_\_\_\_

ADDRESS : \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE #: HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

FAX NUMBER \_\_\_\_\_ E-MAIL \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ OCCUPATION \_\_\_\_\_

DL #: \_\_\_\_\_ STATE: \_\_\_\_\_ CLASS: \_\_\_\_\_ RESTRICTIONS: \_\_\_\_\_

I would like to: (check all that apply)  Operate a streetcar  Be a conductor  Work in the shop  
 Work in publications  Work in the office  Work in special events.

Technical skills:  Mechanical  Electronic  Air brakes  Woodworking  Metal work  
 Welding  HV/DC  Track work  Overhead wire  Utility Company  
 Shop  Elect auto/aircraft  Commercial Power

Describe any Construction Experience

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Describe any Railroad Experience

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Administrative skills  Accounting  Computer Programming  Word Processing  
 Graphic Arts  Writing/Publishing  Administration

I can work on MATA projects at the following facilities:

Home. Describe: \_\_\_\_\_

Work. Describe: \_\_\_\_\_

PLEASE DESCRIBE ANY HEALTH CONDITONS YOU MAY HAVE \_\_\_\_\_

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**Emergency Notification:**

NAME \_\_\_\_\_ AREA CODE+PHONE # \_\_\_\_\_

OTHER PHONE#: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

DOCTOR: \_\_\_\_\_ AREA CODE+PHONE # \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELLONY?  Yes  No. IF SO, EXPLAIN:

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

HAVE YOU BEEN INVOLVED IN AN AUTO ACCIDENT IN WHICH YOU WERE FOUND TO BE AT FAULT WITHIN THE LAST TWO (2) YEARS?  Yes  No

HAVE YOU EVER HAD YOUR DRIVERS LICENSE SUSPENDED OR REVOKED?  Yes  No IF YES, WHEN?

\_\_\_\_\_

BY SIGNING THIS APPLICATION, I UNDERSTAND THAT MY FAILURE TO ANSWER ANY OF THE ABOVE QUESTIONS TRUTHFULLY IS GROUNDS FOR DISMISSAL FROM THE SERVICE.

**Personal References:**

NAME \_\_\_\_\_ AREA CODE+PHONE # \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ COMPANY \_\_\_\_\_

NAME \_\_\_\_\_ AREA CODE+PHONE # \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ COMPANY \_\_\_\_\_

NAME \_\_\_\_\_ AREA CODE+PHONE # \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ COMPANY \_\_\_\_\_

MAY WE CALL THESE REFERENCES?  Yes  No

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_