



Bus Pass Voucher Application

Referral Agency: _____ Date: _____

Agency Contact (name): _____ (title): _____ Phone: _____

Internal Referral: _____ External Referral: _____

Name of Recipient (client): _____ Email: _____

Address: _____ Phone: _____

Residency County: _____ City: _____ Zip Code: _____

Age: _____

Gender: Male Female Non-Binary Self-Identify: _____

Employed: Yes No Are you looking Full Part
for Employment: time time No

Veteran: Yes No

Level of Education Completed: High School Diploma / GED: Yes No
College Degree: Yes No
Documented Disability: Yes No
Felony: Yes No

Are you currently receiving vocational services? Yes No

Reason for seeking assistance through Goodwill Industries' Bus Pass Program: _____

Number of Daily Passes Requested: _____

Number of Monthly Passes Requested: _____

Total Number of Bus Passes Provided: _____

Approved: Yes No Approved by: _____
Please email form to missionservices@goodwillakron.org

Please include 'Bus Pass' in the Subject of the email. Applications will be reviewed within 7-10 business days. Final approval is also based on available funding.