Your Name and logo here

VOLUNTEER DRIVER APPLICATION FORM

Please Print

Name:			
Street Address:			
City State Zip:			
Email:			
Home Phone:		Cell phone:	
E-mail address:		Preferred Contact Method:	
Date of Birth:			
Emergency Contact	Name:		
	Phone:	Relationship:	
Driver's License	Number:		State:
	Issued date:		Class:
	Expiration date:		
Auto Insurance for Vehicle You Plan to Use	Insurance Company Name:		
	Insurance Company Phone:		

How long have you been driving in this community?

Will you participate in an orientation session (required of all drivers)? [ ] Yes [ ] No

What type of vehicle do you drive? Sedan [ ] SUV [ ] Truck [ ]
[ ] 2-door [ ] 4-door

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I can volunteer: ___ once a week __ more than once a week ___ as needed
___ occasionally (every other week or once a month at most)

Days of the Week and Hours You Will be Available to Drive	Days Available	(√)	Hours Available
	Monday		
	Tuesday		
	Wednesday		
	Thursday		
	Friday		
	Saturday		
	Sunday		

Have you been involved in a car accident in the last 5 years?
[ ] Yes [ ] No If yes, please explain the circumstances and if you were given a citation:

Have you received a traffic violation (unrelated to parking) in the last 5 years? [ ] Yes [ ] No
If you were convicted and/or your license was suspended or revoked please describe:

Do you have any health problems that might affect your driving? [ ] Yes [ ] No
If yes, please explain:

General interests, skills, experiences, languages and hobbies:

Do you smoke? __yes __no
Are you allergic to pets? __yes __no

List any special considerations for matching you with a rider (distance from home, preference for age or gender of rider)?

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What do you anticipate will be the best aspect of volunteering for __agency name__ ?
How did you hear about this program?
What is your reason for volunteering?

References:
Please list three persons we may contact who are not family members. You may include employers, teachers, religious leaders or others, with at least one who has ridden with you.

Name_____Phone_____Relation_____

Address_____

Name_____Phone_____Relation_____

Address_____

Name_____Phone_____Relation_____

Address_____

I hereby give __agency name_ permission to contact my references and to conduct a background check.

_____ _____

Signature of volunteer *Date*