



Volunteer Drivers Form

Name:				Date:	
Address:					
Telephone:					
S.S.N.				Date of Birth	
Current Driver's License					
Date Issued		DL#		Date Expires	
Restrictions: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain					
Endorsements					
USE ADDITIONAL PAPER IF NEEDED					
	Types of vehicles driven in the past	Estimated Miles Driven	Purpose		
1.			<input type="checkbox"/> Personal <input type="checkbox"/> Work <input type="checkbox"/> Other _____		
2.			<input type="checkbox"/> Personal <input type="checkbox"/> Work <input type="checkbox"/> Other _____		
3.			<input type="checkbox"/> Personal <input type="checkbox"/> Work <input type="checkbox"/> Other _____		
4.			<input type="checkbox"/> Personal <input type="checkbox"/> Work <input type="checkbox"/> Other _____		
Record of Traffic Violations (except parking) for Past Ten (10) Years					
Date	Nature or Type of Violation (What you were charged with)	City/State	Action Taken		
Record of Accidents/Collisions for Past Ten (10) Years					
Date	Nature of Accident (Backing, Rear-Ended, Explain)	City/State	Action taken		
Record of Suspension, Revocation or Disqualifications of License in the Past Ten (10) Years					
Date	Reason for Suspension or Revocation	City/State	Action Taken		
Insurance Information					
Company Name		Policy #		Expiration Date	
Certification					
<i>I certify that all the information given is true, accurate and complete to the best of my knowledge.</i>					

Applicant Signature

Date