## **VOLUNTEER DRIVER APPLICATION**

We greatly appreciate your interest in assisting us to meet our transportation needs. Responsible risk management dictates that we ask our volunteer drivers to answer the following questions. Thank you for your understanding and cooperation.

Name:		
Address:		
City/State/Zip:		
Telephone:	Date of Birth:	
Email:		
Driver's License Number:		
	Expiration Date:	
Have you had any of the following cit	ations or convictions in the past THREE years?	
It is expected that all passenger  I certify that the information given above	se of a motor vehicle on of a felony e	I agree that I
Volunteer Signature	Date	

RETAIN THIS FORM ON FILE FOR A MINIMUM OF THREE YEARS

Regulation Approved: May 20, 2013