

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.

A.

Name: _____	Date of birth: _____	
Address: _____	City, ST Zip: _____	
	Telephone: _____	
License number: _____	Expiration date: _____	State where issued: _____

B.

Have you had any of the following citations or convictions in the past THREE years:	Yes	No
Driving under the influence of alcohol or drugs	_____	_____
Hit and run	_____	_____
Failure to report an accident	_____	_____
Negligent homicide arising out of the use of a motor vehicle	_____	_____
Using a motor vehicle for the commission of a felony	_____	_____
Permitting an unlicensed person to drive	_____	_____
Reckless driving	_____	_____
Are you currently taking any medication that may make you drowsy?	_____	_____

It is expected that all passengers will adhere to Nebraska Safety belt laws and regulations.

This certifies that the information given above is true and complete to the best of my knowledge.	
_____ Volunteer's Signature	_____ Date

Thank you for helping us with our transportation Needs!

RETAIN THIS FORM ON FILE FOR A MINIMUM OF 3 YEARS