



If you will be volunteering to drive, we will need to submit your information for a background check. Please sign below to give permission.

X \_\_\_\_\_ Date \_\_\_\_\_

**IF YOU PLAN TO BE INVOLVED WITH TRANSPORTATION, WE NEED TO KNOW:**

**DRIVER'S LICENSE:** State: \_\_\_\_\_ License # \_\_\_\_\_

**AUTO INSURANCE COMPANY:** \_\_\_\_\_ **POLICY #** \_\_\_\_\_

**HAVE YOU HAD ANY TRAFFIC OR SAFETY CITATIONS IN THE PAST THREE YEARS?**

   YES    NO IF YES, PLEASE EXPLAIN: \_\_\_\_\_

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**WHAT DAYS AND TIMES ARE YOU USUALLY AVAILABLE? (Please circle)**

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>
morning	morning	morning	morning	morning	morning	morning
afternoon	afternoon	afternoon	afternoon	afternoon	afternoon	afternoon

**EMERGENCY CONTACTS:**

NAME : \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

**CERTIFICATION:**

I certify that the information provided in this Application is true and accurate. I understand that this position is strictly as a volunteer and there will not be any compensation for my efforts, nor is this a position of employment.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_