

VOLUNTEER DRIVER APPLICATION  
Tri-CAP TRANSPORTATION  
P.O. Box 683, 1200 23<sup>rd</sup> Ave South  
Waite Park, MN 56387

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

MRS.

MS. \_\_\_\_\_

MR. FIRST NAME

LAST NAME

MIDDLE NAME

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

SOC.SECURITY #: \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_

PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

**DRIVING PREFERENCE: CHECK ALL THAT APPLY**

\_\_\_\_ LOCAL AREA TRIPS    \_\_\_\_ OUT OF TOWN  
\_\_\_\_ LONG TRIPS METRO    \_\_\_\_ (non metro)

**TIMES YOU ARE GENERALLY AVAILABLE**

	SUN	MON	TUES	WED	THUR	FRI	SAT
AM	___	___	___	___	___	___	___
PM	___	___	___	___	___	___	___

EDUCATION BACKGROUND: \_\_\_\_\_

\_\_\_\_\_

WORK BACKGROUND: \_\_\_\_\_

\_\_\_\_\_

PREVIOUS VOLUNTEER EXPERIENCE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PERSONAL REFERENCES

PLEASE PROVIDE NAMES AND ADDRESSES OF THREE PERSONAL REFERENCES, (NO FAMILY MEMBERS)

1) Name: \_\_\_\_\_  
Mailing  
Address: \_\_\_\_\_  
\_\_\_\_\_

2) Name: \_\_\_\_\_  
Mailing  
Address: \_\_\_\_\_  
\_\_\_\_\_

3) Name: \_\_\_\_\_  
Mailing  
Address: \_\_\_\_\_  
\_\_\_\_\_

LICENSE & INSURANCE REGISTRATION INFORMATION

DRIVER'S LICENSE #: \_\_\_\_\_

ANY CITATIONS OR ACCIDENTS? Y/N: \_\_\_\_\_ IF YES WHEN? : \_\_\_\_\_

VEHICLES TO BE USED:

MAKE/MODEL _____	YEAR _____	COLOR _____	TWO DOOR/FOUR DOOR
MAKE/MODEL _____	YEAR _____	COLOR _____	TWO DOOR/FOUR DOOR
MAKE/MODEL _____	YEAR _____	COLOR _____	TWO DOOR/FOUR DOOR

NAME OF AUTO INSURANCE CO.: \_\_\_\_\_

NAME OF INSURANCE AGENT: \_\_\_\_\_

AUTO POLICY #: \_\_\_\_\_

Please include a copy of your insurance card and driver's license with this application.

I hereby state that I am carrying and will continue to carry automobile liability insurance that meets or exceeds Minnesota minimum financial responsibility requirements. I give Tri-CAP permission to confirm this with my insurance agent as long as I am registered and serving as a volunteer driver.

ENROLLMENT AGREEMENT:

I, \_\_\_\_\_, volunteer my service through Tri-CAP's Volunteer Transportation Program and understand that I am not an employee. I agree to provide or consent to the following: (1). A statement to be signed by a physician that no current medical conditions exist which interfere with my ability to safely drive an automobile. (This does not mean a physical exam is required); (2) And, permit reviews of my driving record and criminal background as needed and further permit the sharing of this information to enable Tri-CAP to carry out their required duties; (3) And, I agree to comply with the Code of Conduct Rules.

I give my permission to use my name and/or picture in news stories, news releases, etc. to help promote the program.

\_\_\_\_ YES      \_\_\_\_ NO

I understand that my role as a volunteer driver is a very important part of the Tri-CAP's transportation team and will perform my duties accordingly. Further, I affirm that the preceding information is true and correct, and understand that any updates to this information will be accurately conveyed to the Tri-CAP staff when they occur.

\_\_\_\_\_  
VOLUNTEER'S SIGNATURE

\_\_\_\_\_  
DATE

(10-13)

HOW DID YOU HEAR ABOUT THE VOLUNTEER DRIVER PROGRAM

REFERRING PERSON NAME \_\_\_\_\_