



VOLUNTEER DRIVER APPLICATION
Tri-CAP TRANSPORTATION
P.O. Box 683, 1200 23rd 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 #: _____ EMAIL ADDRESS _____

IN CASE OF EMERGENCY NOTIFY: _____

PHONE: _____ ADDRESS: _____

SERVICE/COMPANION ANIMAL allowed in your vehicle YES NO

DRIVING PREFERENCE: CHECK ALL THAT APPLY

____ LOCAL AREA TRIPS ____ OUT OF TOWN
____ LONG TRIPS METRO ____ (Non Metro--Twin Cities)

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

PLATE _____ State _____

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

HOW DID YOU HEAR ABOUT THE VOLUNTEER DRIVER PROGRAM

REFERRING PERSON NAME _____