

## Volunteer Driver's Application

Driver's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_  
(Make copy of License and attach to application.)

Any endorsements to Driver's License: \_\_\_\_\_

Personal Vehicle Insurance Company's Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Agent: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Please list all accidents or moving violations over the past three years:

<u>Description</u>	<u>Date</u>
_____	_____
_____	_____
_____	_____

Indicate any physical or health impairments other than glasses. An example of impairment would be missing eye or hand, deafness, or currently taking medication for an illness or disease such as diabetes or a heart condition.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_