APPROVALS
July 17, 2019
June 12, 2023

FO VOLUNTEER DRIVER APPLICATION

Areas requiring explanation or description can be completed on a separate

sheet. Name: Date:

Drivers License and Insurance Information

License Class:

Driver's License #:

Expiration Date:

# of years driving:

Any license limitations:

Name of Automobile Insurance Company:

Policy #:

Expiration Date:

Limit for bodily injury:

Limit for property damage:

If you answer yes to any of the questions below, please explain. Have you ever

been refused automobile insurance?

Yes No

Has your license ever been suspended, revoked or cancelled? Yes No

Have you ever been denied a license to operate a vehicle? Yes No
Have you ever been convicted of a criminal offense involving operation of a
vehicle, fraud, violence, abuse, weapons, alcohol or drugs?

Yes No

Have you ever attended a driving safety course? Yes No

If so, when and who sponsored the program?

Have you ever attended a first aid, CPR, or medical emergency training course?

Yes No

If so, when and who sponsored the program?

Approximately how many kilometers have you driven per year over the past five years?

Have you been involved in a traffic accident in the past 5 years? Yes No

If so, please provide the approximate date, the nature of the accident(s), whether you were at fault or charged with any driving infraction in connection with the accident and whether you or anyone else was injured or if anyone was killed.

Are you aware of any health conditions that may affect your vision, hearing, perception, reflexes, flexibility or judgment?

Yes No

If yes, please describe:

Please provide three references who are familiar with your driving ability and skill.

I give the organization permission to collect information regarding my qualifications relevant to the position of volunteer driver and to update this information as needed.

I certify that the above information is true and complete.

Signature: _____

Date: _____