



North Country Transportation
Volunteer Driver Application

(Please Print)

Name: _____

Address: _____

City, State, Zip: _____

I can be reached by (complete all that apply):

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Date of Birth: _____

Occupation: _____

Emergency Contact: Name: _____

Phone: _____

Driver's License: Number: _____ State: _____

Expiration Date: _____ Class: _____

Auto Insurance for Vehicle You Plan to Use:

Insurance Company Name: _____

Insurance Company Phone: _____

Bodily Injury Limit: _____

Property Damage Limit: _____

How long have you been driving in this community? _____

We require all volunteer drivers to attend an orientation session. Would you be willing to participate? Yes ___ No ___

Would you be willing to assist in volunteer recruitment? Yes ___ No ___

What type of car do you drive? 2 door ___ 4 door ___

How many passengers can you safely carry? _____

Have you been involved in a car accident in the last five years? Yes ___ No ___

If yes, please explain each circumstance including - accident date, nature of accident, were you at fault, fatalities or injuries. Use a separate sheet if necessary:

Have you received a traffic violation (unrelated to parking) in the last five years?

Yes ___ No ___

If yes, please explain circumstances:

Are you volunteering for this program pursuant to any court ordered community service? Yes ___ No ___

If yes, please state the offense for which you were convicted and are now obliged to do community service:

Have you ever been convicted of any type of felony or misdemeanor involving a vehicle? Yes ___ No ___

If yes, please explain circumstances:

Do you have any health problems that might affect your driving? Yes ___ No ___

If yes, please explain:

Days of Week and Hours You Will be Generally Available to Transport Patients:
(Most ride requests are for Monday through Friday, from 9 to 5. Occasionally, we do have a ride request for the weekend or for earlier or later in the day).

<i>(check days generally available)</i>	Hours
<input type="checkbox"/> Monday	_____
<input type="checkbox"/> Tuesday	_____
<input type="checkbox"/> Wednesday	_____
<input type="checkbox"/> Thursday	_____
<input type="checkbox"/> Friday	_____
<input type="checkbox"/> Saturday	_____
<input type="checkbox"/> Sunday	_____

Do you have limitations on where you will drive? Yes ___ No ___
If yes, please explain circumstances:

Maximum distance you will drive a patient to treatment: _____

Do you have any limitations on the types of patients you are willing to drive: (for example: patients who might need some assistance, children with parent or guardian, non-English speaking, etc.) Yes ___ No ___
If yes, please explain circumstances:

Do you have any special trainings: i.e. CPR, First Aid, Defensive Driving. Indicate any certifications and expiration dates: _____

How did you hear about this program?

What is your reason for volunteering?

Previous volunteer experience: