

# Volunteer Driver Application

This application will be used to establish your eligibility as a volunteer driver for Pine County Health and Human Services. The information you provide helps us assure you, this organization, and the public that the highest standards of safety and accountability are maintained. We appreciate your cooperation and interest in our volunteer driver program. Return completed application to the Pine County Health and Human Services Volunteer Driver Coordinator.

**All applicants must read and sign in the signature block on Page 2.**

Name:			
Address:			
If less than 5 years at this address, previous address/addresses and dates:			
Phone:	Fax:	E-mail:	@
Date of Birth:	Wk. Phone:	Social Security Number:	/ /
Employer:			Job Title:
Work Address:		City:	State: Zip Code:
Supervisor:		Supervisor's Phone:	

Do you have a current and valid (Minnesota) State Driver's License? (please attach a copy)		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If no, please explain:</i>		
How long have you had a driver's license?	Years:	Months
Driver's License Number:	Expiration Date:	
If licensed in Minnesota State less than five years, list licenses previously issued:		
<i>License Number/State:</i>	<i>License Number/State:</i>	
Are there any restrictions on your driver's license?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If restricted, state type and date of restriction:</i>		
Have you ever had your driver's license suspended, revoked, or refused?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please explain:</i>		

Have you been convicted during the last 10 years of driving while intoxicated or under the influence of drugs? *If yes, please explain (date, charge, jurisdiction, etc.):*  Yes  No

*Indicate all moving violations or citations (other than parking) that you have been convicted of, forfeited bail, or paid any fines for during the past 3 years. Please give full details, including dates, below. If more space is needed, use a separate sheet.*

<b>A</b>	Date:	Time:	Location (City and State):
	Conviction:		
	If speeding, legal limit:	Your speed:	Amount of Fine: \$
	Remarks:		

<b>B</b>	Date:	Time:	Location (City and State):
	Conviction:		
	If speeding, legal limit:	Your speed:	Amount of Fine: \$
	Remarks:		

*List all motor vehicle accidents of any type or cause that you, either as owner or operator, have been involved in during the last 5 years.*

<b>#1</b>	Date:	Time:	Driver:	Violation:
	Who was at fault?		Damage to your vehicle?	Amount: \$
	Bodily injury?		Damage to other property?	Amount: \$
	Description:			

<b>#2</b>	Date:	Time:	Driver:	Violation:
	Who was at fault?		Damage to your vehicle?	Amount: \$
	Bodily injury?		Damage to other property?	Amount: \$
	Description:			

***This application warrants a criminal history background check, and/or verification of my motor vehicle record as authorized by my signature below.***

***For Drivers Only.*** My signature below authorizes Pine County Health and Human Services to obtain, at its sole discretion, my employment and non-employment driving record, including all Department of Motor Vehicle actions that have taken place regarding the driver's license I now hold, have held, or in the future may obtain. It also authorizes Pine County Health and Human Services to conduct a criminal history background check from the source of its choice. I further agree to any other conditions described herein. This release continues in effect as long as I continue to serve as a Pine County Health and Human Services volunteer driver.

Signature:	Date:
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