



Volunteer Driver Program Service Application

Applicant and Vehicle Information

Name: _____ Date of Birth: _____

Address: _____

City _____ State _____ Zip Code _____

Social Security Number _____

Home Phone # _____ Cell Phone # _____

Maine Driver's License# _____

Are there any restrictions on your license? Yes _____ No _____

If yes, please explain: _____

Vehicle: Year _____ Make _____ Model _____

Color _____ VIN# _____

Vehicle Insurance Company? _____

Address: _____ City: _____

State: _____ Zip Code: _____

Policy # _____ Expiration Date _____

Liability insurance coverage? _____

You will be expected to provide maintain minimum liability insurance coverage of \$100,000/\$300,000 and provide a current copy of your insurance coverage.

Background Checks are required.

Service Availability

Will you be willing to provide services: Full Time _____ Part Time _____

Indicate below the days / hours you would be willing to drive:

Monday _____AM to _____PM **Tuesday** _____AM to _____PM

Wednesday _____AM to _____PM **Thursday** _____AM to _____PM

Friday _____AM to _____PM

Saturday _____AM to _____PM **Sunday** _____AM to _____PM

Check the areas in which you would be willing to drive:

_____ All of New England

_____ All of the State of Maine

_____ Portland, ME

_____ Belfast, ME

_____ Skowhegan area

_____ Augusta area

_____ Waterville area

_____ Lewiston, ME

_____ Rockland, ME

_____ Bangor, ME

_____ Anywhere in Somerset County

_____ Anywhere in Kennebec County

I am willing to transport:

_____ Children Only
(Additional Training Required)

_____ Adults Only

_____ Both

Employment or Previous Volunteer Experience:

(Starting with your current or last employer)

(1) Organization: _____

Address: _____

City: _____ State _____ Zip Code _____

Phone # _____ Position held: _____

Dates worked from: _____ to _____

(2) Organization: _____

Address: _____

City: _____ State _____ Zip Code _____

Phone # _____ Position held: _____

Dates worked from: _____ to _____

PERSONAL REFERENCES

List three references: (please do not use the names of relatives)

(1) Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone # _____

(2) Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone # _____

(3) Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone # _____

Applicant's Signature

Date