



Neighbors helping Neighbors stay Neighbors

Villages NW, Volunteer Driver Application and Application for DMV Review

Revised: 09/01/2019

Thank you for volunteering to be a Volunteer Village Driver!! Please note:

1. Volunteer Drivers must have a cell phone that they carry with them (and have turned on) for use in case of emergency. Since all communication regarding rides is done by email, Volunteer Drivers must have email and should check it daily.
2. Copies of (1) your current driver's license, and (2) proof of insurance card (not the full policy) must accompany this driver application.
3. Before taking the Road Test, you must have completed (1) Criminal Background Check, (2) Volunteer Orientation Training, (3) Cleared DMV Report(s), and (4) NSC Online Training Course.
4. Email a copy of this application, driver's license and proof of insurance to the Transportation Coordinator at your Village; TC Email: _____

LIST VILLAGE WHERE YOU WILL VOLUNTEER: _____

NAME: _____ DATE OF BIRTH: ___/___/_____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELL PHONE #: _____ EMAIL _____

Please print phone # and EMAIL legibly – without someone else having to guess at the handwriting.

Date you attended Volunteer Training in your Home Village: ___/___/_____

Or, if this is a date scheduled in-the-near-future, please circle: *SCHEDULED*.

Date of your clear Criminal Background Check (CBC): ___/___/_____

DRIVER'S LICENSES HELD IN THE LAST FIVE YEARS:

Note: Enter only for Oregon. You are responsible for obtaining your own driver record for any other state.

STATE	LICENSE NO.	EXPIRATION DATE

License Restriction? YES___ NO___ If Yes please describe: _____

Do you have any physical impairments? YES___ NO___ If Yes please describe: _____



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INSURANCE COMPANY: _____

POLICY NUMBER _____ EXPIRATION DATE: _____

DRIVING RECORD:

Has your driver's license ever been suspended or revoked? YES___ NO___

If yes explain why, when and how long. _____

If yes when was your driver's license reinstated? _____

In the last 5 years:

- Have you had any moving traffic violations or convictions? YES___ NO___
- Have you been involved in any accidents? YES___ NO___

If yes to either of the above please complete the following for each violation, conviction or accident:

DATE	CITY / STATE	DESCRIPTION

ACKNOWLEDGEMENT

I am in good physical and mental health and can safely operate a motor vehicle for the purpose of transporting members of a participating village within Villages NW. If my physical or mental health changes I will immediately inform my Transportation Coordinator. If I am taking any medication, now or in the future, I will check with my pharmacist about the advisability of driving, and inform my Transportation Coordinator when appropriate.

The statements made and information disclosed in this driver application are true. I authorize Villages NW to obtain my Motor Vehicle Record both now and periodically throughout the duration of my volunteer service.

Driver Signature: _____ Date: _____