

Ride Connection Driver Application
(PLEASE PRINT ALL INFORMATION CLEARLY)

Provider/Agency: Viva Village Driver Type: Volunteer Driver Paid Driver

Will driver be driving: Agency Vehicle Privately Owned Vehicle Combination

Driver Identification:

Name of Driver: _____ Date of Birth: _____

Address: _____

Phone #: _____ Email: _____

Driver's licenses held within the last FIVE years:

State	License Number	Type or Class	Original * Issue Date	Expiration Date

*Show original issue date if license is a renewal. If OR license was originally issued less than five years ago, please list previous license # and state of issue.

License Restriction? YES NO If yes, please describe: _____

Do you have any physical impairments? YES NO If yes, please describe: _____

Insurance: (For Drivers Using Their Own Vehicles)

Driver's Insurance Company: _____ Policy Number: _____

Name of Insurance Agent: _____ Name of Insured: _____

Driving Experience:

How long have you had a driver's license? _____

Do you have experience driving vehicles larger than a standard passenger vehicle? YES NO

If yes, please describe: _____

(Over)

Driving Record:

Has your driver’s license ever been suspended or revoked? YES NO

If yes, explain why, when and how long. Use an additional sheet if more space is needed.

Have you ever had any traffic violations or convictions? YES NO

Have you ever been involved in any accidents? YES NO

If yes, complete the following for each violation, conviction or accident:

Date	City/State	Description	Type of Vehicle	Fatalities/Injuries	Fine, Penalty or Property Damage

Acknowledgement:

I am in good physical and mental health to safely operate a motor vehicle for the purpose of transporting Ride Connection customers. If my physical or mental health changes I will immediately inform my program manager. 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 program manager when appropriate.

The statements made and information disclosed in this driver application are true. I authorize Ride Connection to obtain my Motor Vehicle Record both now and periodically throughout the duration of my employment/volunteer opportunity at Ride Connection’s sole discretion.

Driver Signature _____ **Date** _____

NOTE: Please attach any additional information that you feel would be useful in determining your qualifications for placement, as a special needs transportation driver.