

***Carroll County RSVP Volunteer Program***

**P. O. Box 1182, North Conway, NH 03860**

**Tel: (603) 356-9331 Fax: (603) 356-9322**

**Website: carrollcountyrsvp.org**



**VOLUNTEER DRIVER APPLICATION FORM**

*Please Print*

\_\_\_\_\_

**First Name**    **Last Name**    **Middle Initial**

\_\_\_\_\_

**Address**

\_\_\_\_\_

**City**    **State**    **Zip**

**Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Emergency Contact:**

**Name:** \_\_\_\_\_

\_\_\_\_\_

**Home Phone**    **Work Phone**    **Cell Phone**

**Drivers License**

**Number:** \_\_\_\_\_                      **State:** \_\_\_\_\_                      **Expiration:** \_\_\_\_\_

**Auto Insurance**

---

**Insurance Company Name** \_\_\_\_\_ **Telephone Number** \_\_\_\_\_

**Bodily Injury Limit:** \_\_\_\_\_ **Property Damage Limit:** \_\_\_\_\_

**We require all volunteers drivers to attend an orientation session. Would you be willing to participate?** Yes \_\_\_\_\_ No \_\_\_\_\_

**What type of car to 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 (5) years?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, please explain each circumstance including: date(s) of accident, 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 (5) years?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, please explain:**

---

---

---

**Do you have any health problems that might affect your driving?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, please explain:**

---

---

---

**What days of week and hours are best for you to transport clients?  
(RSVP offers transportation services Monday through Friday from 8:00 AM – 6:00 PM)**

**(Check days generally available)**

<u>Days</u>	<u>Hours</u>
_____ Monday	_____
_____ Tuesday	_____
_____ Wednesday	_____
_____ Thursday	_____
_____ Friday	_____

**If needed, would you entertain driving on a Saturday or Sunday? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Do you have a limitation on where you will drive? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Maximum distance you will drive a patient to treatment: \_\_\_\_\_**

**Do you have any special training, i. e., CPR, First Aid, Defensive Driving:**  
\_\_\_\_\_

**How did you hear about this program? \_\_\_\_\_**

**What is your reason(s) for volunteering? \_\_\_\_\_**  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Volunteer Experience: \_\_\_\_\_**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_