



VOLUNTEER DRIVER ENROLLMENT FORM

Name:		
Street Address:		
City/State/Zip:		Phone:
Email:		Cell Phone:
Birth Date:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No
Covid-19 Vaccine: YES _____ NO _____	Date of First Vaccine:	Date of Second Vaccine:
Emergency Contact Information		
Name:		Relationship:
Address:		
City/State/Zip:		
Home Phone:		Work/Cell:

Vehicle Information / Driving History		
Driver's License #:	State Issued:	Expiration:
What type of car do you drive?: <input type="checkbox"/> 2 Door <input type="checkbox"/> 4 Door	How many passengers can your car safely carry?:	
Have you been involved in a car accident in the last five (5) years?: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain each circumstance including: date(s) of accident and nature of accident.		
Have you received a traffic violation (unrelated to parking) in the last five (5) years?: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		
Do you have any health problems that might affect your driving ability?: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		