## **NFSC - Volunteer Driver Job Application**

This application will be used to establish your eligibility as a volunteer driver forNorth Fork Senior Connections (NFSC) The information you provide helps us assure you, this organization, and the public that the highest standards of safety and accountability are maintained. We appreciate your cooperation and interest in our volunteer driver program. Return completed application to your NFSC Coordinator.

Application for:	Volunteer Driver (your v	ehicle)			
Full Name:		Spouse:			
Address:		City:		State:	Zip:
If less than 2 years at th	nis address, previous address:				
Phone:	Fax:	E-mail:	@		
Date of Birth:	Wk. Phone:	Social Security Number:	/ /		
Employer:			Job Title:		
Work Address:		City:		State:	Zip Code:
Supervisor:		Supervisor's	Phone:		
If no, please explain:  How long have you had  Driver's License Numb  If licensed in (Colorado	per:  D) State less than five years, list lice	Months  Expiration Date:	od:	□Yes	□No
License Number/State:  Are there any restrictio If restricted, state type	ns on your driver's license?	License Numb	er/State:	□Yes	□No
Have you ever had you If yes, please explain:	ir driver's license suspended, revok	xed, or refused?		□Yes	□No
Have you ever been red If yes, please explain:	quired by the State to file evidence	of Financial Respons	ibility (SR22)?	□Yes	□No
Name of Your Automo	bile Insurance Company (please a	ttach a copy of insurar	nce card):		
automobile insurance t	nd list company and agent name	_	ce of intention to no  'Yes, Non-renev		

## **Volunteer Driver Job Application (Cont.)**

the influence of drugs? If yes, please explain (date, charge, jurisdiction, etc.):  Indicate all moving violations or citations (other than parking) that you have been convicted of, forfeited bail, or paid any fines for during the past 3 years. Please give full details, including dates, below. If more space is needed, use a separate sheet.  A Date: Time: Location (City and State):  Conviction:  If speeding, legal limit: Your speed: Amount of Fine: \$  Remarks:  B Date: Time: Location (City and State):  Conviction:  If speeding, legal limit: Your speed: Amount of Fine: \$  Remarks:  List all motor vehicle accidents of any type or cause that you, either as owner or operator, have been involved in during the last 5 years.  #1 Date: Time: Driver: Violation:  #2 Who was at fault? Damage to other property? Amount: \$  Description:  #2 Date: Time: Driver: Violation:  #3 Date: Time: Driver: Violation:  #4 Date: Time: Driver: Amount: \$  Description:  #4 Date: Time: Driver: Violation:  #4 Date: Time: Driver: Amount: \$  Poscription:  #4 Date: Time: Driver: Violation:  #4 Date: Time: Driver: Violation:  #4 Date: Time: Driver: Violation:  #4 Date: Time: Driver: Amount: \$  Description: Violation:	Have: □No	you been convicted do  □Yes	uring the last	10 y	vears of driving while	intoxicated or un	nder	
any fines for during the past 3 years. Please give full details, including dates, below. If more space is needed, use a separate sheet.  A Date: Time: Location (City and State):  Conviction:  If speeding, legal limit: Your speed: Amount of Fine: \$  Remarks:  B Date: Time: Location (City and State):  Conviction:  If speeding, legal limit: Your speed: Amount of Fine: \$  Remarks:  List all motor vehicle accidents of any type or cause that you, either as owner or operator, have been involved in during the last 5 years.  #1 Date: Time: Driver: Violation:  Who was at fault? Damage to your vehicle? Amount: \$  Bodily injury? Damage to other property? Amount: \$  Description:  #2 Date: Time: Driver: Violation:  Who was at fault? Damage to your vehicle? Amount: \$  Description:  #3 Date: Time: Driver: Violation:  Who was at fault? Damage to your vehicle? Amount: \$  Description:  #4 Date: Time: Driver: Violation:  #5 Damage to other property? Amount: \$  Description:  #6 Damage to other property? Amount: \$  Description:  #7 Description:  #8 Damage to other property? Amount: \$  Description:  #8 Damage to other property? Amoun	the in	fluence of drugs? If ye	es, please exp	olain	(date, charge, jurisd	iction, etc.):		
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B Date: Time: Location (City and State):    Conviction:   If speeding, legal limit: Your speed: Amount of Fine: \$		If speeding, legal lin	mit:	Y	our speed:	Amount of Fine: \$		
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Signature: Date:	For D my en place: Senior other of	rized by my signature rivers Only. My sign apployment and non-en regarding the driver's reconnections to conductions described bections volunteer driver	ature below an apployment dralicense I now uct a criminal nerein. This r	utho iving hole hist	rizes the North Fork S g record, including all d, have held, or in the ory background check	Senior Connection Department of Lifuture may obtain k from the source	s to obtain, icensing ac It also au of its choice	, at its sole discretion, tions that have taken athorizes <u>North Fork</u> tee. I further agree to any
	Signature: Date:							

## **Private Vehicle Registration**

Name:				
Address:		Town:		
Zip:	Phone:	E-Mail:		
Vehicle(s) #1 Make:		Year:	AirBag/s:	
Model:	Color:	Seating:		
License #:				
#2 Make:		Year:	Air Bag/s:	
Model:	Color:	Seating:		
License #:				
Insurance Company:				
Insurance Agent:				
Address:		Town:		
Zip:		_ Telephone:		
I certify that I am currinsurance in an amount in (Liability: \$100,000 indiv Further, I agree to forward	n excess of or equal ridual/\$300,000 oc	al to the minimum recurrence/Property D	equired under Colorado oamage: \$50,000 per oo	o State law ccurrence)
Further, I agree to immediability insurance is revolutional minimum vehicle insurance	ked, cancelled or a	ltered in such a man	ner as to no longer me	
Further, I agree not to a tr minimums liability require current and/or valid, or if passengers is not current a	ements are not me the registration and	t, or if my Colorado	vehicle operator's lice	nse is not
Further, I certify that my	vehicle(s) is in safe	e operating condition	1.	
Further, I agree to hold ha Manager, and the passeng negligence.		•	· · · · · · · · · · · · · · · · · · ·	
Further, I authorize North criminal record.	Fork Senior Conn	ections to make per	iodic checks of my driv	ving and
Signature:			Date:	