



VOLUNTEER DRIVING APPLICATION

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell #: _____

Occupation (past occupation if retired): _____

Driver's License Number: _____ Expiration Date: _____

Do you have a reliable car available for transporting individuals? Yes No (circle one)

List any accidents within the last five years:

List any moving violations within the last five years:

Car Insurance Company: _____

Experience:

Provide any other information that you feel would be of a benefit for our Agency to know about you.

References:

List three persons we may call who are not related to you, personal relationship or a co-worker, if working.

| NAME | RELATIONSHIP TO YOU | ADDRESS | PHONE NUMBER |
|------|---------------------|---------|--------------|
| | | | |
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I hereby give my consent to contact my references provided and to conduct a background check. I understand that I will be required to sign a confidentiality agreement.

Signature of Applicant

Date

**Please return this completed application to the Transportation Office at:
OCCOA
ATT: Transportation
621 E Main Street
Hart, Michigan 49420**