



# Volunteer Driver Application

For approval as a VPSI: (please indicate your application type with an "X")

\_\_\_\_\_ Primary Driver

\_\_\_\_\_ Alternate Driver for: Van Number: \_\_\_\_\_ or

Primary Driver's Name: \_\_\_\_\_

**Thank you for your interest in vanpooling and offering to be a volunteer driver.**

Please complete this application thoroughly and legibly. VPSI, Inc. will use the information provided in this application to determine if you meet VPSI Volunteer Vanpool Driver Criteria and to assess whether you qualify as a volunteer driver.

<b>Home Info</b>	First Name	Middle Name	Last Name		
	Street Address			Years at this Address	
	City	State	Zip	Home Phone	
	County of	Preferred E-Mail Address		Cell Phone	
	Previous Home Address (if less than 5 years at current address)		City	State	Zip
<b>Work Info</b>	Employer Name	Department	Years at this Employer	Work Hours (Start – End)	
	Street Address			Work Phone	
	City	State	Zip	Monthly Mileage Allowance	
<b>Driving Info</b>	Birth Date	Driver's License Number	State	Dr. Lic. Expiration Date	
	Total Years Current and Uninterrupted Driving Experience	Total Years Licensed in Current State	If less than 5 years, Indicate the previous State(s) (most recent first)		
	Name of your Automobile Insurance Co	Policy Number	Previous State(s) Driver's License Number(s)		
		Expiration Date			
<b>Emergency Contact</b>	Name		Relationship	Home Phone	
	Street Address			Work Phone	
	City	State	Zip	Cell Phone	

**Disclosure Statement and Signature**

- A. I have been provided a list of VPSI Volunteer Vanpool Driver Approval Criteria and to the best of my knowledge I meet the criteria at the time of this application.
- B. Everything stated in this application is true to the best of my knowledge. I understand that VPSI will only use this information to determine whether or not to approve me as a Volunteer Driver.
- C. I have received and signed a separate "Disclosure of Intent to Obtain a Consumer Report".

Signature: X \_\_\_\_\_ Date: \_\_\_\_\_