



# VOLUNTEER DRIVER APPLICATION

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip code \_\_\_\_\_

Skills/Abilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Previous Occupation & Volunteer Experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Availability: (When could you start and how many hours per week?) \_\_\_\_\_

\_\_\_\_\_

How did you find out about this volunteer position: \_\_\_\_\_

\_\_\_\_\_

Why do you want to become a volunteer driver? \_\_\_\_\_

\_\_\_\_\_

Are you looking for a short term or long term volunteer opportunity? \_\_\_\_\_



Character References: (2 personal & 2 work/volunteer related) A reference form will be mailed to them so please be sure to provide their full mailing address

Number	Name & Mailing Address	Phone
1.)	_____	_____
2.)	_____	_____
3.)	_____	_____
4.)	_____	_____

Are you able to perform the functions of the position for which you are volunteering?  
Answer Yes or No to the following

These include: \_\_\_\_\_ Drive vehicle utilizing safe & defensive driving habits

\_\_\_\_\_ Ability to lift 40 Ibs. (Assist client with wheelchair or child seat)

\_\_\_\_\_ Ability to follow directions and or read maps to find clients homes/appointments

\_\_\_\_\_ Ability to complete routine paperwork consisting of logging client names, addresses, military time, and odometer reading

Explain any "NO" answers (use back of form if necessary): \_\_\_\_\_

\_\_\_\_\_

**Optional**

Describe any current medical conditions you are being treated for – or that require medication: (List medication associated with each condition)

\_\_\_\_\_

\_\_\_\_\_

**Optional**

Are you currently receiving treatment from an NTP Clinic (Methadone or Suboxone)?  
(Please circle one) YES or NO

**Optional**

Are you currently receiving/using medical marijuana? (Please circle one) YES or NO



Are you currently facing any criminal charges? \_\_\_\_\_ Have you had any past criminal convictions in a court of law? \_\_\_\_\_ if yes, explain: \_\_\_\_\_

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Have you been convicted of any moving traffic violation within the past three years? \_\_\_\_\_ Have you had more than one at fault accident within the previous year? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

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Have you ever been convicted of or investigated in relation to any form of child abuse or neglect? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

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Approximately how long have you been licensed to drive in the state of Maine? \_\_\_\_\_

Driver's License # \_\_\_\_\_ Have you held a license in another state? \_\_\_\_\_

If yes, what state? \_\_\_\_\_ During what years? \_\_\_\_\_

Can you provide transportation to perform the duties of your assignment?

Describe vehicle: \_\_\_\_\_  
Year                      Make                      Model                      Color                      # of Passengers

Is it insured? \_\_\_\_\_ currently inspected? \_\_\_\_\_ currently registered? \_\_\_\_\_



Authorizations below will be provided for the following after we receive each application.

- Dept. of Health & Human Service Open Protective Check
- National & State Criminal Check including Sex Offender Registry
- 10 Year Driving History Check

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Applicant's Signature

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Date