



VOLUNTEER DRIVER APPLICATION

Primary Driver: _____ Alternate Driver: _____

CATA will use the information provided in this application to determine if you meet CATA’s Vanpool Driver criteria and to assess whether you qualify to be approved as a volunteer driver.

First Name:		Last Name:	
Street Address			
City:	State:	Zip:	Home Phone:
Preferred Email:			Cell Phone:
Employer Name:		Dept.:	Years Employed:
Street Address:			Work Phone:
City:	State:	Zip:	Work Hours:
Birthdate:	Driver’s License #	State	License Expiration Date:
Emergency Contact Name:		Relationship:	Home Phone:
Street Address			Work Phone:
City:	State:	Zip:	Cell Phone:
Please answer the following questions:			
<ol style="list-style-type: none"> How many days have you missed a regularly scheduled work day within the past year? How often are you required to work overtime? Have you been arrested and convicted of any crime? If so, explain Do you have any condition which may or does result in physical or mental impairment? (i.e., seizure disorders, blackouts, diabetes, heart disease, sight in only one eye; deafness, etc.) If so, please explain. 			

Disclosure Statement and Signature of Applicant

I have been provided with a Driver Agreement and to the best of my knowledge, I meet the criteria at the time of this application.

Everything stated in this application is true to the best of my knowledge. I understand that CATA will only use this information to determine whether or not to approve me as a volunteer driver. CATA may verify any information that I have provided.

I authorize CATA to obtain and review my driving record now and for as long as I am driving vehicles owned or managed by CATA; and

I authorize CATA to obtain a consumer/investigative report about me in order to consider me for a voluntary vanpool driver.

Applicant Signature:

Date: