


CATACOMMUTE
VOLUNTEER DRIVER APPLICATION

CATACOMMUTE will use the information provided in this application to determine if you meet CATACOMMUTE's Vanpool Volunteer 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 			
<ol style="list-style-type: none"> 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 CATACOMMUTE will only use this information to determine whether or not to approve me as a volunteer driver. CATACOMMUTE may verify any information that I have provided.

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

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

 Applicant Signature:

 Date: