

**BAYFIELD COUNTY
DRIVER INFORMATION FORM**

Name: First _____ M.I. _____ Last _____

SOCIAL SECURITY NO: _____ DOB: _____

ADDRESS: Street or Box _____

City, State and Zip Code _____

MAILING ADDRESS: Street or Box _____

City, State and Zip Code _____

TELEPHONE: _____ DRIVER'S LICENSE NO: _____

I am interested in providing transportation (Check all that applies):

- | | |
|---|---|
| <input type="checkbox"/> For Myself | <input type="checkbox"/> Within 15 miles |
| <input type="checkbox"/> For Family/Household Members Only | <input type="checkbox"/> Within 100 miles |
| <input type="checkbox"/> For Any Eligible Clients | <input type="checkbox"/> Over 100 miles |
| <input type="checkbox"/> For Specific clients only (Attach list of names) | |

I am available on the following days and times:

Anytime Specify _____

All vehicles used to transport clients must be in good working order. Please complete the checklist below.

| | Functioning | Needs Repair/Replacement |
|--|-------------|--------------------------|
| Headlights | | |
| Tail Lights | | |
| Directional Signals | | |
| Windshield Wipers | | |
| Brakes | | |
| Seat Belts | | |
| Heater | | |
| Tires Properly Inflated | | |
| Tires with Minimum on 1/8" Tread at Point of Greatest Wear | Circle One: | Yes or No |

I attest the above information to be true and correct to the best of my knowledge. I possess a valid driver's license, carry automobile liability insurance and will maintain both for the duration of certification. I understand that Bayfield County will review my Motor Vehicle Record and may conduct a criminal background check on me annually if I transport passengers. I give my permission for access to these records. Furthermore, I agree to report if I am charged with any criminal violations while certified as a volunteer driver. I have received and read a copy of the requirements for volunteer drivers and the transportation reimbursement policies.

Driver's Signature

Date

Please return this form to the Bayfield County Department of Human Services, PO Box 100, Washburn, WI 54891. The agency appreciates your interest in becoming a volunteer driver. Thank you.