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E-Mail office@needhamcommunitycouncil.org



## NCC VOLUNTEER DRIVER APPLICATION FORM

Please Print:

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip Code

Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

In emergency, contact \_\_\_\_\_ Phone \_\_\_\_\_

Current driver's license information: Number \_\_\_\_\_ State \_\_\_\_\_

Expiration Date \_\_\_\_\_ Type and year of auto that will be used \_\_\_\_\_

Automobile insurance for the vehicle you plan to use

Bodily injury coverage: \$ \_\_\_\_\_ / \_\_\_\_\_ Property damage: \$ \_\_\_\_\_

\_\_\_\_\_  
Company Name Address Telephone

How long have you been driving in this community? \_\_\_\_\_ car capacity \_\_\_\_\_

We will need a copy of your Safe Driver Insurance Plan Statement, which is provided by your insurance company with your yearly renewal.

An Interview/Orientation session with Sandy Robinson, Needham Community Council Executive Director, is required of all volunteer drivers. We will contact you to arrange this session upon receipt of your application.

Please Indicate the days of the week and hours you are generally available to transport patients:

MONDAY \_\_\_\_\_ TUESDAY \_\_\_\_\_ WEDNESDAY \_\_\_\_\_ THURSDAY \_\_\_\_\_ FRIDAY \_\_\_\_\_

HOURS \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date