



# TimeBank Medical Driver Application Form

Name \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ Email \_\_\_\_\_

Why are you interested in helping to provide transportation?

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

What would you like to receive in return for your time?

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

*Drivers License and Insurance Information*

License Class: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ # of years driving: \_\_\_\_\_

Any license limitations:

\_\_\_\_\_

Name of Automobile Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ yyyy/mm/dd

Limit for bodily injury: \_\_\_\_\_ Limit for property damage: \_\_\_\_\_

If amount above is combined, check here: \_\_\_\_\_

If you answer yes to any of the questions below, please explain.

Have you ever been refused automobile insurance? Yes \_\_\_ or No \_\_\_

If yes, why? \_\_\_\_\_

Has your license ever been suspended, revoked or cancelled? Yes \_\_\_ or No \_\_\_

If yes, why? \_\_\_\_\_

Have you ever been denied a license to operate a vehicle? Yes \_\_\_ or No \_\_\_

If yes, why? \_\_\_\_\_

Have you ever been convicted of a criminal offense involving operation of a vehicle, fraud, violence, abuse, weapons, alcohol or drugs? Yes \_\_\_ or No \_\_\_

If yes, why? \_\_\_\_\_

Type of vehicle will you use when volunteering?

Year of vehicle: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Have you ever attended a first aid, CPR, or medical emergency training course? Yes \_\_\_ or No \_\_\_

If yes, when and who sponsored the program?

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Do you have experience in working with people with health conditions? Yes \_\_\_ or No \_\_\_

If yes, please describe, including any training you have in this area: \_\_\_\_\_

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Have you been involved in a traffic accident in the past 5 years? Yes \_\_\_ or No \_\_\_ If yes, please describe: the approximate date, nature of the accident(s)

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Are you aware of any health conditions that may affect your vision, hearing, perception, reflexes, flexibility or judgement?

Yes \_\_\_ or No \_\_\_ If yes, please describe:

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Please provide two references that are familiar with your driving ability and skill.

1 Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone No. \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone No. \_\_\_\_\_ Relationship: \_\_\_\_\_

*I give the organization permission to collect information regarding my qualifications relevant to the position of volunteer driver and to update this information as needed. I certify that the above information is true and complete.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to [transportation@danecountytimebank.org](mailto:transportation@danecountytimebank.org)