



Chai Lifeline
Fighting Illness With Love

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Volunteer Drivers Information Form

NAME: Mr. Mrs. Ms. Miss Dr. (First) _____ (Last) _____

ADDRESS: _____ CITY: _____ STATE: ____ ZIP: _____

TELEPHONE: (H) _____ (B) _____

(Cell) _____ (Pager) _____

(E Mail) _____

OCCUPATION: _____

DATE OF BIRTH: ___ / ___ / ___ SOCIAL SECURITY # _____ - _____ - _____

SEX: MALE FEMALE MARITAL STATUS: MARRIED SINGLE DIVORCED WIDOWED

DRIVERS LICENSE # _____ STATE LICENSE ISSUED IN: _____

YEAR IN WHICH FIRST LICENSE ISSUED: _____ YEARS EXPERIENCE: _____

HAVE YOU BEEN INVOLVED IN ANY ACCIDENTS IN THE LAST 3 YEARS? YES NO

IF YES, PLEASE EXPLAIN? _____

HAVE YOU HAD ANY MOVING VIOLATIONS IN THE LAST 3 YEARS? YES NO

IF YES, PLEASE EXPLAIN? _____

PLEASE ATTACH COPIES OF THE DOCUMENTS LISTED BELOW:

1. A copy of your license.
2. A valid permanent registration card for each vehicle.
3. A valid permanent insurance card for each vehicle.

Chai Lifeline needs to maintain all driver's records on file for insurance purposes. The information on this form will be used to obtain this information from the Dept. of Motor Vehicles. Please Notify our offices if there are any changes.

SIGNATURE _____

FOR OFFICE USE ONLY

REVIEWED BY: _____ ALL DOCUMENTS ATTACHED MVR OBTAINED