



## TRANSPORTATION ASSISTANCE VOLUNTEER INFORMATION

NAME:  MR.  MRS.  MS.  MISS  DR. (FIRST) \_\_\_\_\_ (LAST) \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ SEX  MALE  FEMALE

DRIVER'S LICENSE NO. \_\_\_\_\_ STATE: \_\_\_\_\_

DATE OF FIRST LICENSE: \_\_\_\_\_ STATE: \_\_\_\_\_

HOW MANY MILES ARE YOU WILLING TO DRIVE PER TRIP? \_\_\_\_\_

HAVE YOU BEEN INVOLVED IN ANY ACCIDENTS IN THE LAST THREE YEARS?  YES  NO IF YES, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

HAVE YOU HAD ANY MOVING VIOLATIONS IN THE LAST THREE YEARS?  YES  NO IF YES, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

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**PLEASE ATTACH COPIES OF THE FOLLOWING DOCUMENTS:**

1. CURRENT LICENSE.
  2. A VALID PERMANENT REGISTRATION CARD FOR EACH VEHICLE.
  3. A VALID PERMANENT INSURANCE CARD FOR EACH VEHICLE.
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CHAI LIFELINE IS REQUIRED TO RETAIN ALL INFORMATION ON DRIVERS' RECORDS FOR INSURANCE PURPOSES.  
THIS DOCUMENT WILL BE USED TO OBTAIN INFORMATION FROM THE DEPARTMENT OF MOTOR VEHICLES.  
PLEASE NOTIFY YOUR REGIONAL OFFICE OF ANY CHANGES IN STATUS, VEHICLE REGISTRATION AND/OR INSURANCE.

SIGNATURE \_\_\_\_\_