Thank you for volunteering for our program!

Dear Driver,

Thank you for your kind offer to be one of our highly valued volunteer drivers. Our experience with our other volunteer drivers is that your job will be a very rewarding one!

I have enclosed our application. Please return the application to us as soon as possible. **We also ask that you send us a copy of your driver's license and the declarations page from your car insurance policy.** After we have verified your insurance, driving record and background, the next step is to set up an orientation session so that you can learn more about our procedures for scheduling trips, working with riders and how to fill out our mileage logs.

**About our program:**

We operate our volunteer program in collaboration with our neighboring center, the Center for Independent Living for Western Wisconsin (CILWW). Our two centers’ combined services provide volunteer driver transportation for consumers in 18 counties in Northwest and Western Wisconsin.

Our volunteer drivers benefit by being a part of the region's biggest volunteer driver program.  
- Mileage reimbursed at Federal rate  
- Use your trips to meet your own travel needs  
- As a volunteer you can take as many trips or as few as you like.

**As soon as I get your application I'll be in touch to set up an orientation session at a location convenient to you.**

Sincerely,

Bob Olsgard, Transportation Coordinator  
North Country Independent Living
NORTH COUNTRY
INDEPENDENT LIVING
Empowering People with Disabilities
69 North 28th Street, Suite 28, Superior, WI 54880
Phone # (715) 392-9118 Fax phone # (715) 392-4636 www.northcountryll.org

VOLUNTEER DRIVER APPLICATION

NAME: ____________________________ DATE: ____________________________

Referred by: ______________________

Home Phone _____________ Work _____________ Cell _____________

ADDRESS ______________________

City ______________ State ______________

Zip Code: ______________________

County: ______________________

DATE OF BIRTH _____________________ Maiden or other Names __________________

Driver’s License Number ___________________ Expiration Date ____________________

License Plate Number ___________________ Expiration Date ____________________

Vehicle Insurance Company Name ______________________

Policy # ______________________

Renewal Date ______________________

(North Country Independent Living Travel Policy requires the following minimum insurance limits: $100,000 Bodily Injury, $300,000 Per Occurrence, and $50,000 Property Damage.)

Check (X) next to the type of driving you would like to do:

_____ Local Only  _____ County Area  _____ Occasional long trip (i.e. Duluth, Mpls.)

_____ Region

_____ I may be available to drive for other programs

Times you are available to drive:

Mondays ______________________

Tuesdays ______________________

Wednesdays ______________________

Thursdays ______________________

Fridays ______________________

Saturdays ______________________

Sundays ______________________

OFFICE USE ONLY:
Background date and initials
Forwarded

(over)
Check (X) your special needs requests.

- [ ] I am able to transport service animals
- [ ] I am able to lift walkers and portable wheel chairs (not required)
- [ ] I am able to greet riders at the door
- [ ] Other
  (list)

I drive a car [ ] Van [ ] Truck [ ] Modified vehicle [ ]

List any experience you have had working with persons with disabilities or elders:


Emergency Contacts:

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<th>Relationship</th>
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References: Name __________________________ Phone Number ___________

Name __________________________ Phone Number ___________

I authorize North Country Independent Living to conduct a check on my driving record and criminal background for the purpose of approval as a volunteer driver.

Signature of Volunteer __________________________ Date ____________