

NORTH COUNTRY INDEPENDENT LIVING

Empowering People with Disabilities

69 North 28th Street, Suite 28 Superior, Wisconsin 54880
715-392-9118 V/TTY · 800-924-1220 V/TTY
www.northcountryil.com

Serving Ashland, Bayfield,
Burnett, Douglas, Iron, Price,
Sawyer and Washburn Counties

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

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Phone # (715) 392-9118 • Fax phone # (715) 392-4636 www.northcountryil.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:

Name	Relationship	Phone

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 _____