



## Volunteer Driver Supplemental Application

Please provide the following information if you are applying to be a volunteer driver for the Avenidas Door-to-Door Program, or for the Avenidas Village, after completing the volunteer application.

Name	
Date	
Driver's License #	
Expiration Date	
Insurance Company	
Policy Number	
Effective Date	
Limits of Coverage	
Auto Year	
Make/Model	
Color	
License Plate #	
Vehicle ID #	
Have you ever been convicted of a crime?	Yes      No
If yes, please indicate whether a misdemeanor (other than traffic violation) or felony	
Please explain, give date, place of conviction and explain circumstances	
The above information and copies of your driver's license and insurance information are kept in the strictest confidence in your file.	
<p><u>Program Commitment</u></p> <p>I understand that as a driver for one of the Avenidas volunteer driving programs, I am responsible for carrying my own liability insurance; therefore, Avenidas, it's directors, board members and employees are released from all liability with respect to my active volunteer status with Avenidas. By signing below, I give permission to Avenidas to conduct a DMV background check to ensure that I have a clean driving record.</p>	
Signature	

Date

Office Use Only