PRIVATE VEHICLE USE APPLICATION

Vehicle:		
Year Vehicle Identification Number:	Make	Model
License Plate #:	State:	Expiration:
Owner's Name:		
Address:		
City:		•
Automobile Insurance Company:		
Policy #:	Expiration Date:	
Agent:		
Agent's Address:		Phone:
PLEASE BE AWARE:		
IN CASE OF AN ACCIDENT, THE INSUR. COVERAGE.	ANCE ON THIS VEHICLE WI	LL BE THE PRIMARY
THE VEHICLE MUST BE INSURED FOR \$100,000/\$300,000.	THE MINIMUM LIABILITY LIN	MITS OF:
IT IS EXPECTED THAT ALL PASSENGER LAWS AND REGULATIONS. IT IS THE D		
This certifies that the information given is t vehicle is currently in a safe operating cond		the best of my knowledge the
Signature	Date	

Thank you for helping us with our transportation needs!

RETAIN THIS FORM ON FILE FOR A MINIMUM OF 3 YEARS

VOLUNTEER DRIVER APPLICATION

Appendix B

We greatly appreciate your interest in assisting us to meet our transportation needs. Responsible risk management dictates that we ask our volunteer drivers to answer the following questions. Thank you for your understanding and cooperation.

Name:	D	ate of birth:
Address:	c	ity, ST Zip:
	Т	elephone:
License number:	Expiration date:	State where issued:
	ollowing citations or convictions in	the past THREE years: Yes No
Driving under the influence Hit and run	e of alcohol or drugs	
Failure to report an accide		
	out of the use of a motor vehicle he commission of a felony	
Permitting an unlicensed p		
Reckless driving		
Are you currently taking ar	y medication that may make you o	frowsy?
It is expected that all regulations.	passengers will adhere to	Nebraska Safety belt laws and
This certifies that the inf	ormation given above is true an	d complete to the best of my knowledge

Thank you for helping us with our transportation Needs!

RETAIN THIS FORM ON FILE FOR A MINIMUM OF 3 YEARS