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Volunteer Driver Application

Food Routes Pet Transport

Name: _____

Driver's License:

Number: _____ State: _____ Expiration Date: _____ Class: _____

Auto Insurance:

Company Name: _____ Phone: _____

Bodily Injury Limit: _____ Property Damage Limit: _____

Auto #1 Make: _____ Model: _____ Year: _____

Auto #2 Make: _____ Model: _____ Year: _____

How long have you been driving in this community? _____

Will you participate in orientation and training sessions (required of all volunteer drivers)? Yes No

Would you be willing to assist in volunteer recruitment? Yes No

Have you been involved in a car accident in the last 3 years? Yes No If yes, please explain:

Have you received a traffic violation in the last 3 years? Yes No If yes, please state the offense and if your license was suspended or revoked:

Have you ever been convicted of any type of felony or misdemeanor: Yes No If yes, please Explain:

Do you have any health problems that might affect your driving? Yes No If yes, please explain:

Do you have limitations on where you will drive? Yes No If yes, please explain:

Maximum distance you will drive? _____

Volunteer's Name: _____

Days/Times Available

Please enter your availability in the boxes below for the days of the week you would be interested in driving. If there are certain time period in which you wish to volunteer, please note those as well. Please remember, you are not committed to the days and times you indicate below. As your schedule changes you may change your availability.

DAY	MORNING	AFTERNOON	EVENING
Tuesday	[]	[]	[]
Wednesday	[]	[]	[]
Thursday	[]	[]	[]
Friday	[]	[]	[]
Saturday	[]	[]	[]

How many routes or transports are you willing to do each week?

Insurance

All volunteers operating personal vehicles (not owned or leased by PALNV) for the business of the Society must provide a copy of the declaration page of your current insurance policy. Volunteers are required to maintain minimum auto liability limits as mandated by the state of Nevada. A current policy must be maintained and a copy given to PALNV upon renewal of auto insurance. A driver will not be able to drive without a current policy in place.

DMV Report/Valid Driver's License

A current 3 year print out of your DMV Report (obtained from the NV DMV site) and a copy of your NV driver's license must accompany this application.

Background Check

Background checks will be done by Goodhire prior to your training. A Goodhire release form will be given you at your orientation. Please fill it out completely so we can start your volunteering as quickly as possible.

Confidentiality Agreement

In your Volunteer Handbook is a Confidentiality Agreement. Please read it fully, sign, date and return it with this application.

Reservation of Right of Refusal

I realize that PALNV, in its sole discretion, reserves the right to refuse the offer of services of any potential volunteer. Notwithstanding the foregoing, I understand that this refusal shall not be based upon any criteria that would violate either state or federal law, including, but not limited to, color, race, religion, national origin, age, or any other protected classification.

I hereby apply for service as a volunteer driver. I understand and agree to comply with policies and procedures of PALNV transportation program, copies of which are available to me at the time of my training.

Signature

Date

Print Name