

**APPLICATION FORM**

AGING SERVICES FOR COMMUNITIES  
TRANSPORTATION PROGRAM  
155 S.E. Elm Ave., P.O. Box 7  
Montgomery, MN 56069  
507-364-5663  
Email: [agingservices@frontiernet.net](mailto:agingservices@frontiernet.net)

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

DRIVER'S LICENSE DATE OF EXPIRATION: \_\_\_\_\_

WHAT CLASS OF DRIVER'S LICENSE DO YOU HAVE: \_\_\_\_\_

YOUR ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ Cell Number: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT PERSON & PHONE: \_\_\_\_\_

\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR CRIME? YES NO

IF YES, EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

HAVE YOU HAD ANY ACCIDENTS IN LAST 12 MONTHS, IF YES PUT DATE  
AND A BRIEF EXPLANATION: \_\_\_\_\_

\_\_\_\_\_

DO YOU HAVE EXPERIENCE IN DRIVING FOR OTHER PROGRAMS OR BUSINESSES?

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YOUR MOTOR VEHICLE INSURANCE CARRIER, PHONE AND ADDRESS:

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AUTOMOBILE DESCRIPTION: MAKE AND MODEL: \_\_\_\_\_  
COLOR OF AUTOMOBILE: \_\_\_\_\_,  
LICENSE PLATE NUMBER: \_\_\_\_\_,  
DRIVER'S LICENSE NUMBER: \_\_\_\_\_,  
2 DOOR \_\_\_\_\_, 4 DOOR \_\_\_\_\_, VAN \_\_\_\_\_, TRUCK \_\_\_\_\_, CAR \_\_\_\_\_

CIRCLE DAYS OF THE WEEK AVAILABLE TO DRIVE: SUNDAY MONDAY  
TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

WHERE WOULD YOU BE WILLING TO DRIVE: IN COUNTY ONLY \_\_\_\_\_  
TO ROCHESTER \_\_\_\_\_ TO THE TWIN CITIES \_\_\_\_\_ OUT OF STATE \_\_\_\_\_  
TO MANKATO \_\_\_\_\_ ANY WHERE \_\_\_\_\_

\*\* PLEASE ATTACH A COPY OF YOUR INSURANCE FACE SHEET WITH THE TYPE OF INSURANCE AND THE AMOUNTS FOR LIABILITY/COMPREHENSIVE/COLLISSION (BY MINNESOTA LAW YOU ONLY HAVE TO CARRY LIABILITY)

MY SIGNATURE GUARANTEES THAT THE INFORMATION ABOVE IS TRUE, AND THAT I WILL USE MY PERSONAL AUTOMOBILE IN VOLUNTEER SERVICE, I WILL ARRANGE TO KEEP IN EFFECT MY AUTOMOBILE LIABILITY INSURANCE AND I GIVE PERMISSION TO CONDUCT A BACKGROUND CHECK.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_