

Heartland Big Brothers Big Sisters Driver Information Form

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Driver's License # _____ State _____ Expiration Date _____

By completing and signing this form, I give permission, both now and in the future, to Heartland Big Brothers Big Sisters and/or their insurance agent to request, review, copy, retain or transfer my motor vehicle records (MVR) between and among myself and any individuals or firms mentioned above. I understand that these records will be used to evaluate my suitability for driving in relation to volunteer duties performed for Heartland Big Brothers Big Sisters. I also understand that it is my responsibility to inform Heartland Big Brothers Big Sisters if something changes with my driving record (speeding ticket, accident, etc.).

I agree to provide current insurance information for the length of my volunteer experience.

I have read the Driving Policy (HBBBS-16) and understand that failure to comply or meet any of the standards may result in my not being allowed to transport youth as part of Heartland Big Brothers Big Sisters. I understand that Heartland Big Brothers Big Sisters reserves the right to withdraw my driving privileges at any time.

Note: Failure to meet driving qualifications does not disqualify applicants from site-based programs.

Signature _____

Date _____