



LITTLE BROTHERS – FRIENDS OF THE ELDERLY VOLUNTEER MVR DRIVER'S CONSENT FORM

The organization's reputation and stability, as well as the welfare of its clients, is dependent upon the conscientious and responsible driving of volunteers who drive their own vehicles as part of their duties on the job. All offers of volunteer participation are made on an at-will basis and with some contingencies.

All volunteers whose position requires driving on the organization's behalf will be **required to show proof of a valid Minnesota driver's license**. The organization may conduct a background check of the individual's driving record, which must meet the organization's driving criteria.

All volunteers whose position requires the use of a personally-owned automobile during work hours will be required to meet the driver's record requirements above and to **show proof of current insurance on their vehicle**. Please have your insurance agent send by mail or FAX a "Certificate of Insurance" showing your automobile insurance coverages.

A background check on driving record may be completed and proof of current insurance will be required on an annual basis for volunteers required to drive on behalf of the organization. Continuing volunteers and volunteers whose records become "not acceptable" in the course of their volunteer participation will be subject to disciplinary action, including possible dismissal of volunteer participation with Little Brothers-Friends of the Elderly.

Name _____ DOB _____

Driver's License # _____ State _____

Expiration Date: _____ Class _____

Individual's Insurance Company _____

Individuals' Policy # _____ Expiration Date _____

Liability Limits: \$ _____ Per Person \$ _____ Per Accident

1. Have you had any traffic citations in the past three years? Yes ___ No ___ If yes, describe the circumstances below:

2. Have you had any accidents in the past three years? Yes ___ No ___ If yes, describe the circumstances below:

I hereby certify that the information given above is true and complete to the best of my knowledge. I authorize the organization to obtain my motor vehicle records and release the same from any liability resulting from this information.

Signature

Date