



**Volunteer Driver Application**  
**Center for Independent Living for Western Wisconsin, Inc.**  
**2920 Schneider Ave. E., Menomonie, WI 54751**

**New Freedom Volunteer Driver Program**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(First, Middle, Last)

Referred By: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Zip: \_\_\_\_\_ County you reside in: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Maiden or Other Names \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License Plate #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Check ( X ) the type of driving you will do: \_\_\_\_\_ Local Only

\_\_\_\_\_ County Area \_\_\_\_\_ Occasional long trip (i.e. St. Paul, Marshfield)

\_\_\_\_\_ Region: Please circle other counties you would be willing to transport riders to: St. Croix, Eau Claire, Chippewa, Dunn, Pierce, Pepin, Polk, Barron, Rusk, Clark

I may be available to drive for other programs—Circle One—Yes or No  
If you answered yes, can we share this application with other volunteer driver programs? - Circle One— Yes or No

OFFICE USE ONLY: Background date & initials: _____
Date email sent & forwarded to TS _____

LIST TIMES YOU ARE AVAILABLE TO DRIVE:

Mondays \_\_\_\_\_ Saturdays \_\_\_\_\_  
Tuesdays \_\_\_\_\_ Sundays \_\_\_\_\_  
Wednesdays \_\_\_\_\_  
Thursdays \_\_\_\_\_  
Fridays \_\_\_\_\_

Check ( X ) your special needs requests.

\_\_\_\_\_ I am able to transport service animals  
\_\_\_\_\_ I am able to lift walkers and portable wheel chairs (not required)  
\_\_\_\_\_ I am able to greet riders at their door  
\_\_\_\_\_ Other  
(list) \_\_\_\_\_

I drive a car \_\_\_\_\_ van \_\_\_\_\_ truck \_\_\_\_\_ modified vehicle \_\_\_\_\_

List any experience you have had working with persons with disabilities or elderly:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List two people to contact in case of an emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

Vehicle Insurance Company Name \_\_\_\_\_  
Policy # \_\_\_\_\_  
Premium Due Date \_\_\_\_\_

I authorize CILWW to conduct a check on my driving record and a criminal background check for the purpose of approval as a volunteer driver.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return in envelope provided