





# UNITED COMMUNITY ACTION PARTNERSHIP

## Volunteer Driver Transportation Program Medical Statement

\_\_\_\_\_ has no known medical condition which would interfere with safe driving of a vehicle.  
*(Volunteer's name)*

\_\_\_\_\_ I have reviewed the above listed individual's medications with him/her, and he/she **may** drive while taking these medications.

\_\_\_\_\_ I have reviewed the above listed individual's medications with him/her, and he/she **may NOT** drive while taking these medications.

\*Please attach a current list of medications.

Additional Comments:

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

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
\_\_\_\_\_  
Name and Address of Physician's Office



**UNITED COMMUNITY ACTION PARTNERSHIP  
Volunteer Driver Transportation program  
Vehicle Inspection Statement**

\_\_\_\_\_  
Volunteer Driver Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Make of Vehicle

\_\_\_\_\_  
Vehicle License Plate #

\_\_\_\_\_  
Color      2dr/4dr

\_\_\_\_\_  
Make of Vehicle

\_\_\_\_\_  
Vehicle License Plate #

\_\_\_\_\_  
Color      2dr/4dr

**ITEMS CHECKED SATISFACTORY**

<input type="checkbox"/> Brakes	<input type="checkbox"/> Windshield Wipers	<input type="checkbox"/> Tires, Wheels, Rims
<input type="checkbox"/> Steering	<input type="checkbox"/> Mirrors	<input type="checkbox"/> Oil and Fluids
<input type="checkbox"/> Lights and Signals	<input type="checkbox"/> Exhaust	<input type="checkbox"/> Horn
		<input type="checkbox"/> Other _____

Comments: \_\_\_\_\_

*I certify this vehicle(s) is currently in a safe operating condition.*

\_\_\_\_\_  
Signature of Mechanic

\_\_\_\_\_  
Date

Name & Address of Auto Shop or Auto Dealer \_\_\_\_\_

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

\_\_\_\_\_  
Phone # of Auto Shop

*I understand vehicles should not be operated in such a condition liable to cause an accident or breakdown while serving as a Volunteer Driver for, United Community Action Partnership Inc.*

\_\_\_\_\_  
Signature - Volunteer Driver