UNITED COMMUNITY ACTION PARTNERSHIP
Transportation Program
Volunteer Driver 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
Informed Consent Form

Driver’s License Violation Check

Disclosure under the Fair Credit Reporting Act and Consent to Procurement of Consumer Report for Employment and/or Volunteer Purposes

I, __________________________, have made application with United Community Action Partnership (UCAP) public transportation services, and authorize UCAP or its insurance company, the Nonprofit Insurance Trust, or its assigned, to obtain copies of consumer reports, exclusively for a motor vehicle report and court record violation(s) pertaining to me for employment purposes, and for use in rating and/or underwriting insurance for which UCAP may apply, and any renewal thereof. I understand that in obtaining such reports, a consumer reporting agency may be used, and I do hereby authorize such use.

Full Name of Driver Applicant (please print):

________________________________________________________________________________________

Last                                            First                                            Middle         (Maiden, Former, Alias)

Address: ____________________________________________ _____________ Phone: __________________

Street

______________________________________________________________________

City, State, Zip Code

Date of Birth: ____________________

Month/Day/Year

Drivers’ License Number: ________________________________________ Issuing State: _______________

It is the policy of United Community Action Partnership (UCAP) that anyone will be prohibited from driving a vehicle for UCAP public transportation services unless he/she meets the following criteria for the length of time required by UCAP and its contractors:

a) has not had a driver’s license canceled under Minnesota Statues, chapter 171 revoked under Minnesota Statutes, chapter 171, or suspended under Minnesota Statutes, chapter 171;

b) has a driving record clear of convictions for driving a motor vehicle without a valid current license for the class of vehicle driven;

c) for proceeding three years, has a driving and criminal record clear of convictions for driving under the influence of alcohol or a controlled substance under Minnesota Statutes, chapter 169, or an ordinance in conformity with that section, of alcohol-related driving by commercial vehicle drivers under Minnesota Statutes, chapter 169, and of driver’s license revocations under Minnesota Statutes, chapter 169.

I willfully disclose this information to United Community Action Partnership. The expiration of this authorization shall be for a period no longer than one year from the date of my signature:

________________________________________________       ______________________

Signature of Driver Applicant       Date

________________________________________________       ______________________

Driving Record Reviewer’s Signature      Date

________________________________________________       ______________________

Reviewer’s Signature of Driver’s License                                                                 Expiration Date

___________________________________________________________   ______________________

Reviewer’s Signature of Medical Examiners Certificate in Compliance with National Registry                               Expiration Date

Office use only

Background check coding:  F  Fund  GL  PP  AG  Loan  R

___  _____  _____  _____  _____  _____  ___
UNITED COMMUNITY ACTION PARTNERSHIP
Transportation Program
 Volunteer Vehicle Inspection Statement

**Reason for Inspection** (check all that apply)

Annual inspection____ New Vehicle _____ Replacement Vehicle _____

If replacing a vehicle, which vehicle is being replaced? ___________________________

*Remember to include copy of insurance with annual renewals and new vehicles.*

_____________________________             ____________
Volunteer Driver Name                                        Date

___________________________         _________________________________ ______________________
Make of Vehicle                                 Vehicle License Plate #   Color  2dr/4dr

___________________________         _________________________________ ______________________
Make of Vehicle                                 Vehicle License Plate #   Color  2dr/4dr

**Items checked are satisfactory**

___Brakes   ___Windshield Wipers  ___Tires, Wheels, Rims
___Steering   ___Mirrors   ___Oil and Fluids
___Lights and Signals    ___Exhaust   ___Horn            ___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