



**DRIVER SCREENING FORM for VOLUNTEERS AND EMPLOYEES**

Name and Address: \_\_\_\_\_

Driver's name (as shown on license): \_\_\_\_\_

Date of birth: \_\_\_\_\_

Driver's license state and number: \_\_\_\_\_

Is this a commercial driver license? Yes No \_\_\_\_\_

Which vehicle will you be driving? Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

In the past three years:

1. Have you been at fault for any accidents? Yes No \_\_\_\_\_

2. Have you had any moving traffic violations? Yes No \_\_\_\_\_

3. Have you had any insurance company cancel or refuse to provide you with auto insurance? Yes No  
Insurance Company \_\_\_\_\_

4. Have you had your driver's license revoked, suspended, or restricted? Yes No \_\_\_\_\_

5. Have you had any physical impairments other than corrective glasses? Yes No \_\_\_\_\_

6. Have you ever been charged with or convicted of "driving while intoxicated" or "driving under the influence"? Yes or No \_\_\_\_\_

If any question(s) 1–6 have been answered with "yes," please provide full details below: (dates, descriptions, amounts, or other explanation).

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

***I have attached a current copy of my OR Driver's License (front and back). I have attached a current copy of your Insurance Declaration Page***

**I have read and agree to the VCSI Transportation Policy.**

Signed \_\_\_\_\_

Date \_\_\_\_\_