



**Bella Vista Courtesy Van
1801 Forest Hills Blvd
Suite #120
Bella Vista, AR 72715
479.855.7663**

DRIVER APPLICATION and REGISTRATION

Date of Application: _____ / _____ / _____

Applicant full name: _____

Name to appear of badge: _____

Complete home address: _____

Telephone number: _____ - _____ - _____

Email address: _____

Driver's license number: _____ **State:** _____

Date of birth: _____ / _____ / _____

Pre-retirement occupation: _____

Applicant name: _____

Next of kin: _____ **Relationship:** _____

Applicant name: _____

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1. COVID vaccine status: Not vaccinated _____ Vaccinated _____

NOTE: At this time we require all volunteers to be vaccinated

2. Have you ever been convicted of a crime: Yes _____ No _____

3. Have you been ticketed for a moving violation in the last 3 years:

Yes _____ No _____

4. If Yes for either 2 or 3 above, please explain and include dates and location:

5. Are you physically able and willing to help riders in and out of the BVCV vans at their residences and appointment locations:

Yes _____ No _____

6. Are you comfortable being responsible for riders in your van?

Yes _____ No _____

7. Do you consider yourself to be a good, safe driver?

Yes _____ No _____

Applicant Signature: _____

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Date training completed: ____ / ____ / ____

Trainer signature: _____

THANK YOU so much for considering volunteering with the Bella Vista Courtesy Van. You will find this activity to be one of the most rewarding volunteer activities you will do.

Once you have completed this application please mail it to the address shown at the top of this document.

We look forward to speaking with you soon.