TASC Volunteer Application

PLEASE PRINT

Full Name Date of Birth: (must be at least 25 years old) Address: Zip: City: State: Zip: Phone: Cell Phone: E-mail: Please attach a copy of your current driver's license, registration for vehicle(s) that will be used for volunteer driving assignments, official vehicle inspection report and proof of auto insurance (your auto insurance (your auto insurance card) If licensed in New Hampshire less than seven years, list licenses previously issued: Learne NumberState: A positive response to the following four questions will not necessarily preclude you from volunteering. Have you ever had your driver's license suspended, revoked, or refused? Have you ever had your driver's license suspended, non-renewed, or given notice of intention User, please equation: Have you been convicted during the last 10 years of driving while intoxicated or under the influence of drugs? I'yee, please equation Have you had any moving violations or citations (other than parking) that you have been convicted during the last 10 years of driving the ay area? If use, please equation Have you had any moving violations or citations (other than parking) that you have been convicted during the last for during the past 3 years? If yeas, please equation My signature below autorizes Transportation Assistance for See-coses Citzens (TASC) to obtain, at its sole discretion and expense, my during record, including all Department of Safety actions that have taken place regarding the driver's licens 1 on whole, have hele, or in the future may obtain. It also authorizes TASC to conduct a ciminal history background check from the source of in the future	This application will be used to establish your eligibility as a volunteer for TASC (Transportation Assistance for Seacoast Citizens). The information you provide helps us assure you, this organization, and the public that the highest standards of safety and accountability are maintained. We appreciate your cooperation and interest in our volunteer driver program. Return completed application to TASC, 200 High St. Hampton, NH 03842. Your information is confidential and is not shared. All TASC volunteer drivers & passengers must wear face coverings that cover both the nose and mouth.							
Address: Zip: City: State: Zip: Phone: Cell Phone: E-mail: Please attach a copy of your current driver's license, registration for vehicle(s) that will be used for volunteer driving assignments, official vehicle inspection report and proof of auto insurance (your auto insurance card) If licensed in New Hampshire less than seven years, list licenses previously issued: Leares Number/State: A positive response to the following four questions will not necessarily preclude you from volunteering. Have you ever had your driver's license suspended, revoked, or refused? IYes Has an insurance company ever refused, canceled, non-renewed, or given notice of intention or non-renew automobile insurance to you? IYes, please explain: Have you been convicted during the last 10 years of driving while intoxicated or under IYes INo Have you had any moving violations or citations (other than parking) that you have been convicted of, forfeited bail, or paid any fines for during the past 3 years? IYes INo Your primary vehicle: Make: Model: This application warrants a criminal history background check, and verification of my motor vehicle record as authorized brane strapportation Assistance for Seacoast Citizens (TASC) to obtain, at its sole discretion and expense, my driving record, including all Department of Safey actions that have taken place regarding the driver's license I now hold, have held, or in the future may obtain. It	Full Name			Date of Birth:				
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	Signature:			Date:				

Are you willing/able to:						
Transport passengers	□Yes	□No				
Transport a passenger with a seeing eye/service dog?			□No			
Have a passenger install an infant/child car seat in your vehicle?			□No			
(TASC occasionally provides rides to a grandparent / grandchild or disabled parent with their child.)						
Are you interested in learning about serving as a volunteer driver for TASC's wheelchair accessible minivan?						
		□Yes	□No			
How did you hear about TASC?						
Do you spend part of the year living in another location?			□No			
 If yes, what months are you gone? 						
Emergency contact information:	Name:					
	Address:					
	Phone:					
	Cell Phone:					
	Email:					
Please use the space below to provide any additional information that may be helpful in scheduling volunteer assignments.						