



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



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. I have advised the driver listed above about the usage of the prescription/over-the-counter medication attached. He/she **may** drive under the direction provided.

_____ I have reviewed the above listed individual's medications with him/her and I **cannot** recommend this person as a driver.

*Please attach a current list of medications.

Additional Comments:

Physician's Signature Date

Name of Clinic

UNITED COMMUNITY ACTION PARTNERSHIP

Transportation Program

I have reviewed my medications with my doctor. I understand that some prescriptions are taken as needed or at night and that I am not to be driving with them. If I do need to take them during the day I will let UCAP know that I will not drive on that day.

Signature and date



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 Statutes, 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