

Iowa Department of Human Services
QUESTIONNAIRE FOR TRANSPORTATION VOLUNTEER

This form is an addendum to the Volunteer Application. It shall be completed only by prospective volunteers who want to provide transportation to DHS clients or residents of institutions.

1. Do you have a driver's license? List #:

2. Have you had any moving traffic violations in the past three years?
If yes, please list the date and nature of the violations.

3. Have you been involved in any car accidents in the past ten years?
If yes, when?

4. Are there special driving conditions (night driving, weather, etc.) that affect your driving.

5. Do you have any restrictions on your driver's license (corrective lenses, medical, etc.)?
If so, what are they?

6. Do you have automobile liability insurance?

7. Have you checked with your insurance agent to make sure you are adequately covered to provide this service?

8. Do you have health and hospitalization insurance?

Signature of Volunteer

Date