EMERGENCY SNOW VOLUNTEER DRIVER'S INFORMATION

All volunteer drivers much report to the Command Center of the hospital and provide the information listed below. Volunteer drivers must also present a valid driver's license, vehicle registration, and proof of insurance prior to providing services at University of Maryland Upper Chesapeake Health. Volunteers will not be allowed to drive for the hospital if they do not possess the below items:

Name:	Date:		
Address:		 	
	Zip Code:		
Phone #: [Home]	[Cell]	 	
Driver's License #:		 	
Insurance Company:		 	
Policy #:			
Vehicle Registration #:	State:	 	
Make:	Model:	 	
Year:	Vehicle Color:	 	
Number of Passengers (excluding dri	ver):	 	
Photocopy of Driver's License, Regist	ration Card, and Insurance Card	Yes	No
Security Officer:		 	
Driver's Signature:			

