



**American
Red Cross**

Santa Barbara County Chapter

AUTHORIZED DRIVER APPLICATION

PERSONAL INFORMATION		
Name: (Last, First, Middle)		
Address: (Street, City, State, Zip Code)		
Home Phone: ()	Cell Phone: ()	Department:

DRIVING QUALIFICATIONS			
State of License:	License Number:	Type of License:	License Exp. Date: (xx/xx/xxxx)
Driver's License Restrictions: (Describe)			
Has your driver's license ever been revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			

DRIVING EXPERIENCE	
Class of Equipment	Approximate # of Total Miles Driven
Automobile	-----
Van/Pickup	-----
Truck/Tractor	-----
Bus	-----
Other (Specify): _____	-----

FOR OFFICE USE ONLY		
Chapter Driving Restrictions:		Date:
Date Reviewed: (xx/xx/xxxx)	Approved By: (Print Name)	Approved By: (Signature)

Authorized Driver Agreement

I agree and acknowledge that I have read and will observe all rules and procedures contained in the Motor Vehicle Policy and will do the following (please initial):

- Promptly report all accidents or vehicle damage to the Fleet Manager.
- Drive in a safe and courteous manner at all times.
- Help maintain vehicles by ensuring proper fuel levels and throwing away all trash.
- Submit gas receipts to the Finance Department after each trip.
- Not abuse driving privileges by using the vehicle or gas credit card for unauthorized personal use.
- Not monopolize the “general use” vehicles.
- Notify the Fleet Manager if any changes occur with my Motor Vehicle Report.
- Maintain a current certification in First Aid and CPR certification if applicable.

I will provide the following information (please initial):

- A copy of my current driver’s license
- A copy of my current First Aid certificate and CPR certificate (if applicable)

I understand that my driving rights are a revocable privilege granted by the American Red Cross, Santa Barbara County Chapter, in support of my program activities.

Signature: _____

Print Name: _____

Date: _____