



THE TOWN OF
RHINEBECK · NEW YORK

FOUNDED 1686

SENIOR VAN DRIVER VOLUNTEER APPLICATION

NAME: _____

ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

EMAIL: _____

CURRENT EMPLOYMENT: _____

AVAILABILITY: _____

RELEVANT EXPERIENCE: _____

I _____ GIVE THE TOWN OF RHINEBECK AND THE
TOWN OF RHINEBECK INSURANCE COMPANY PERMISSION TO RUN A DEPARTMENT OF
MOTOR VEHICLE CHECK ON MY DRIVER'S LICENSE:

Driver's License Number: _____ Expiration Date: _____

Date of Birth: _____

SIGNATURE: _____

Please attach a copy of your driver's license.