

VAN DRIVERS APPLICATION FORM

NAME AS IT APPEARS ON YOUR LICENSE

NAME YOU WISH TO GO BY

ADDRESS

CITY

STATE

ZIP

TELEPHONE NUMBER (_____) _____

DRIVER'S LICENSE # _____

SOCIAL SECURITY # _____

DATE OF BIRTH _____

EMAIL ADDRESS _____

Please print and sign this form indicating that you give us permission to request driver's license and driving record information from the Department of Transportation in Frankfort.

Signature & Date

Note: Prior to driving for the Ronald McDonald House, we will need a photo copy of your valid driver's license and you must complete a one-hour orientation, which can be arranged with our Operations Manager.

Please print, sign and mail (or fax) this completed form to:

Ronald McDonald House of the Bluegrass P.O. Box 22414 Lexington, KY 40522

Fax: 859-266-6771