

Oconto County Commission on Aging, Inc.
1210 Main Street, Oconto, WI 54153
920-834-7707

VOLUNTEER DRIVER APPICATION

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ D.O.B. _____

Driver License Number: _____

EMERGENCY CONTACT:

Name: _____

Phone Number: _____

The information you being provided concerning your rider must be kept confidential. This information is for the Oconto County Commission on Aging and will not be shared or sold to anyone outside this agency.

Signature: _____ Date: _____

We will need a copy of your Driver License and a proof of Car Insurance.