



RECYCLED RIDES NOMINATION FORM



Nominator's (Your) Information

Name	
Relationship to Nominee	
Street Address	
City, State ZIP	
Organization	
Work Phone	
E-mail Address	

Nominee Information *(If nominating a family please list information for all adults in the household)*

Nominee's Name(s)		
Date of Birth		
Contact Numbers <i>(If the nominee(s) cannot be contacted, they may be disqualified.)</i>	C:	
	H:	
Nominee's Street Address		
City, State ZIP		
Length of Time at Address		
Employer(s)		
Is employment full time or part time?	FT	PT
Length of Time at Job		If Less than 1 year please explain:
How many family members will typically be transported?		Ages:
Is the nominee insurable (no DUIs on record)?	Yes	No (please explain)
Is the nominee drug free?	Yes	No (please explain)

Does the nominee have a criminal background?	Yes (please explain)	No
Is the nominee able to pay taxes, license, and fees BEFORE receiving the vehicle?	Yes	No
Nominee must carry full coverage insurance. If awarded is Nominee able to provide?	Yes	No
Are there other operational vehicles in the household?	Yes (please explain)	No
Can the nominee drive a standard transmission (stick shift)?	Yes	No
Does the nominee have a valid driver's license? Must include copy with application.	Yes Please provide copy with submission of application	No
Is the nominee aware you are nominating them?	Yes	No
Please tell the committee why this person/family should receive a Recycled Ride. (use additional paper if necessary)		

Name: _____ Signature: _____

Date: _____ Contact number during the day: _____

Please submit this form along with copy of valid driver's license by October 27th to United Way of Kaw Valley – 1527 SW Fairlawn Road, Topeka, KS 66604 – Attention: Joyce Katzer OR email to jkatzer@uwkawvalley.org.