



# 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<br><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 <b>BEFORE</b> receiving the vehicle?                             | Yes   | No |
| <b>Nominee must carry full coverage insurance.</b> 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? <b>Must include copy with application.</b>                           | Yes <b>Please provide copy with submission of application</b> | 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 April 9<sup>th</sup> to United Way of Greater Topeka – 1527 SW Fairlawn Road, Topeka, KS 66604 – Attention: Joyce Katzer OR email to [joyce.katzer@unitedwaytopeka.org](mailto:joyce.katzer@unitedwaytopeka.org)