

Teacher Annual Renewal Form

Please complete ALL information.

Teacher Name: _____

School Name: _____

School Mailing Address _____

City: _____ State: _____ Zip: _____

School Telephone: _____

School Fax: _____

Teacher's email: _____

Are you willing to correspond by email? _____

School year Begins (date) _____

School year ends (date) _____

Grade Level: _____

Number of students: _____

I wish to continue with the same Trucker Buddy (name) _____

I would like to be assigned to another Trucker Buddy. My current match is not working out because: _____

[] I no longer wish to participate in the Trucker Buddy Program.

I have read and agree to adhere to the Trucker Buddy rules and will follow the guidelines for class visit.

Signature: _____

Date: _____

Driver Annual Renewal Form

Please complete ALL information.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Cell Phone: _____

Email: _____

Are you willing/able to correspond by email? _____

Carrier Name: _____

What year did you begin driving for your carrier? _____

Carrier Address: _____

Circle: Owner/Operator / Company Driver Make of Truck: _____

Date of Birth: _____ CDL Number: _____

SS#: _____

Have you been charged with a crime in the last year? _____

If yes, please provide details: _____

All information will remain confidential and will be used solely for determining eligibility for participation in the program. Nothing will be used for any other purpose. Falsification of any information will result in immediate removal.

I wish to continue with my class. My teacher's name is: _____

I would like a new class in _____ state(s).

You may choose a region where you prefer to have a class, however, class assignment is subject to availability. Do not specify any area smaller than a state.

I no longer wish to participate in the Trucker Buddy Program.

I have read and agree to adhere to the Trucker Buddy rules and will follow the guidelines for class visit. I authorize Trucker Buddy to verify background information.

Signature: _____

Date: _____