

2007 - 2008 Renewal Forms

It's time to renew for the next school year. You can remain matched with your current teacher or driver, request a change, or indicate if you no longer want to participate. It is VERY important that you notify us if you are withdrawing from our program so we can find a new participant for your driver or teacher. Drivers and teachers may renew separately. Please submit your renewal to us as soon as possible by mail (Trucker Buddy, 3200 Rice Mine Rd, Tuscaloosa, AL 35406), fax (205-345-0958), or online at www.truckerbuddy.org. If renewing online, the last screen says "Thank you for registering." If not, some information is missing. New Trucker Buddy membership cards and confirmation letters will be mailed to you in August.

Teacher Annual Response Form

Please complete ALL information.

Match Number (if you know it) _____

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 Response Form

Please complete ALL information.

Match Number (if you know it) _____
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: _____