

**DEPARTMENT OF
VETERANS AFFAIRS**

Memorandum

Date:

From: Chief, Voluntary Service (135)

Subj: Volunteer Driver License Verificaiton

To: Chief, Police Service (07B)

Name of Volunteer Driver:

The following driver License Number _____,
State of _____, has been checked by the San Francisco VA Medical
Center Police Service and found to be clear/or acceptable to become a Volunteer
Transportation Network Driver.

Comments: _____

Signed: _____

Title: _____

Date: _____

Tommy Mendoza
Chief, Voluntary Service