

Transportation Volunteer Drivers Information

As a transportation volunteer, I authorize Staying Connected to access my driver record through the Department of Motor Vehicles. Y____ N____

Name: Last_____

MI _____ First_____

Address_____

Date of Birth (MM/DAY/Year) _____ **Our insurance requests transportation volunteers who are 75 years and older to submit the provided form from your physician indicating you are in good health and are capable of providing transportation on a regular basis.*

Driver's License _____ State of Issue _____ Date of Issue _____

Insurance Company _____ (attach copy of card)

Type of Car:

Make /model/year _____

2-Door____ Sedan (4 door) _____ SUV _____ Van _____

Special Needs: Can you accommodate:

Wheelchair _____ Walker _____ Additional party _____

Additional Comments: _____

Short Notice Transportation Requests

Occasionally Staying Connected may receive emergency or short notice requests for transportation service which could not be anticipated. Would you be willing to be on a list of volunteers to be contacted to provide a ride in the event you are available? Y____ N____

Signature _____ Date _____