

**COMMUNITY TRANSPORTATION VOLUNTEERS
DRIVER REGISTRATION**

Wheelchair Van /Transit Van/ Mini Van /Personal Vehicle
(Circle Choices)

Name _____ Cell # _____ Home # _____

Address _____ Subdivision _____ DOB _____

• Are you a permanent resident of Green Valley? **YES NO**

• If winter resident, what months are you available? *(Circle)*

- JAN FEB MAR APR MAY JUNE
- JULY AUG SEPT OCT NOV DEC

• What days are you available to drive? *(Circle Choices)*

MON AM PM **TUES** AM PM **WED** AM PM
THUR AM PM **FRI** AM PM

• Are you available for early pickups? *(5am / 6am)* **YES NO**

• Are you available for long appointments? *(4 hrs. or longer)* **YES NO**

• Are you willing to drive to Tucson? **YES NO**

• Other locations ? *(i.e. special events with Transit Van only)* **YES NO**

• Minivan? *(to Walmart/Safeway only)* **YES NO**

• Are you willing to be a Companion? **YES NO**

• What kind of car do you drive? *(Circle)*

2dr Sedan 4 dr Sedan SUV Truck Van Crossover Station Wgn

COMMUNITY TRANSPORTATION VOLUNTEERS

Will you do grocery shopping? YES NO
(i.e. walking through the store with the client, help take groceries from store to car into home, etc.)

Do you have any limitations? (Please List) YES NO
(i.e. no dogs, allergies to perfume/cologne, etc.)

Do you have any medical restrictions? (Please List) YES NO

Driver's License # _____ *(need copy)* **Exp. Date:** _____

Vehicle Insurance _____ *(need copy)* **Exp. Date:** _____

Do you have any restrictions on your Driver's License? *If so, please list.*

Have you had any traffic violations in the past 3 years? *If so, please describe.*

Do you smoke? YES NO **Do you smoke in your car?** YES NO

Do you wish reimbursement? (Circle Choice) YES NO Tucson trips only

****NO FIREARMS PERMITTED****

DO YOU UNDERSTAND THAT YOU ARE VOLUNTEERING TO DRIVE AND YOU WILL BE COVERED ONLY BY YOUR OWN INSURANCE?
(UNLESS DRIVING THE TRANSIT OR WHEELCHAIR VAN) YES NO

Signature: _____ **Date:** _____

Office use only:

- Obtain a copy of driver's license and insurance card.
- Give Volunteer a copy of Driver's Guidelines.

Envelopes ___ Donation receipts ___ Brochures ___ Driver Policy signed ___ Policy Manual ___