

Senior Transportation Application: VOLUNTEER



ShareCare™ of Leelanau, Inc.
7401 E Duck Lake Rd. #600
Lake Leelanau, MI 49653-8701
231.256.0221

Office Use	
Enrollment Date _____	
Member # _____	Region _____

Name _____ Nickname _____

Home Phone () _____

Cell Phone () _____

Mailing Address _____

Street Address _____

City _____ State _____ Zip _____

E-mail Address _____

Do you leave for the winter? Yes No

If yes, gone from _____ to _____

Birth date ____ / ____ / ____

Emergency Contact _____ Relationship _____

Home Phone () _____

Cell Phone () _____

ShareCare's insurance agency requires that all volunteer drivers are members of ShareCare. Transportation memberships are \$25.

- I would like to support ShareCare with a \$25 donation (check or credit card).
- I prefer ShareCare to take the \$25 from their reserve fund.

Type of Card: _____	Name on Card: _____
Credit Card #: _____	
Expiration: _____	Security Code (on back): _____