

Volunteer Driver Application

Aging in Place The Woodlands

First Name: _____ Last Name: _____

Email: _____ Phone No.: ____-____-____ Cell No.: ____-____-____

Preferred method of contact: Email Phone Cell Phone

Preferred time to call: _____

Street Address: _____ Village: _____

Personal Information:

Date of Birth: ____/____/____ Male Female Texas Drivers License No. _____

Languages Spoken: English , Spanish , Other(s) _____

Current Certificates (Red Cross or other): First Aid CPR

Vehicle and Insurance:

Vehicle Make: _____ Model: _____ Year: _____ Passenger Capacity: _____

Vehicle License Tag No. _____ Expiration Date: ____ / ____

Auto Insurance Company: _____ Policy No. _____

Liability Coverages: Bodily Injury , minimum \$30,000 each person, Yes No
 Bodily Injury , minimum \$60,000 each accident, Yes No
 Property Damage , minimum \$25,000 Yes No

Drivers are advised to contact their Insurance Companies to assure coverage for volunteer ride sharing.

I hereby give neighborhood ride share permission to perform the necessary background, drug and driving checks. A background check shall be conducted. Any false information will be grounds for dismissal. Signer understands all client information is considered confidential.

I certify that I have not been convicted or forfeited bond or collateral because of a moving violation during the last three years.

Applicant Signature

Date

Schedule Preferences: Mon. Tue. Wed. Thu. Fri. Standby/Weekend
please circle all that apply: AM / PM AM / PM AM / PM AM / PM AM / PM

