

COMMUNITY TRANSPORTATION VOLUNTEERS

DRIVER REGISTRATION

Name _____ Telephone _____

Address and Area _____ Age _____

What days are you available to drive? _____

Are you available mornings _____, afternoons _____, or all day _____?

Are you a permanent resident of Green Valley? _____

If not, what months are you absent? _____

Do you have any restrictions on your driver's license? _____

Do you have any medical restrictions? _____

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

Do you understand that you are volunteering to drive and will be covered ONLY by your own insurance? _____

Will you drive to Tucson Green Valley grocery shop in GV ?

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For office information only – Please obtain a copy of driver's license and insurance card. Also give volunteer a copy of the DRIVER'S GUIDELINES.

LAST FOUR DIGITS OF SSN: _____