



*St. Mary's County Department of Aging
Senior Rides Program*

P.O. Box 653, Leonardtown, MD 20650



"Give Seniors A Lift"

Volunteer Driver Information

Full Name: _____

Address: _____

City: _____ **State:** _____ **Zip code:** _____

Phone: _____ **Work No.:** _____ **Fax No.:** _____

Do you have a cell phone? Yes No **Cell No.:** _____

Date of Birth: ____/____/____ **Social Security No.:** _____

E-mail Address: _____

Emergency Contact: _____ **Phone No.:** _____

Do you speak a second language? Yes No **If yes, what?** _____

Do you use sign language? Yes No

Please indicate your availability in the blocks below.

Availability:	A.M.	P.M.	Comments:
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

As a volunteer, you will be driving your own vehicle. When operating your personal vehicle to transport SENIOR RIDES clients, you must keep your vehicle in good working order and you must maintain auto insurance with a minimum personal liability coverage range of \$100,000.

Signature _____ **Date** _____

Please turn over→

Do you have a current Maryland State Driver's License? Yes No

(Please attach a copy of your Driver's License)

If licensed in Maryland less than five years, list licenses previously issued:

License No. / State _____

Name of your Automobile Insurance Company: _____

(Please attach a copy of your Insurance Policy)

Are you willing to travel outside of St. Mary's County? Yes No

If yes, where? Charles County Calvert County Prince George's County Annapolis
 Washington, DC Baltimore Northern Virginia _____

Are you CPR certified? Yes No (Please attach a copy of card)

Are you First Aid Certified? Yes No (Please attach a copy of card)

References: (Three persons not related to you)

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____