



Date: _____

Volunteer #: _____

COMMUNITY CARS – VOLUNTEER DRIVER APPLICATION

This application will be used to establish your eligibility as a volunteer driver for the Community Cars Program. The information you provide helps assure you, this organization, and the public that the highest standards of safety and accountability are maintained. We appreciate your cooperation and interest in our volunteer driver program. Please return the completed application to schedule an interview.

Name: _____

Present Address: _____

Previous Address (if less than 3 years at current address): _____

Second Language: _____ E-mail: _____

Phone: _____ Cell Phone: _____

DOB: _____ SS# : _____

Driver's License #: _____

All volunteer drivers are required to have valid personal automobile insurance coverage and must carry automobile liability insurance in the amount in excess of or equal to the minimum required by NJ State Law. TransWare, Inc. will provide separate coverage while driving the **ez ride™** cars.

Please attach copies of your driver's license and insurance card.

Insurance Company: _____ Policy #: _____

Has an insurance company ever refused, cancelled or non-renewed insurance? ___yes ___no

Explanation: _____

Any change in information here must be promptly reported to us.

Have you notified your insurance company about volunteering? _____

Previous volunteer experience: _____



Occupation: _____ Work #: _____

Please mark days and times you are available to drive.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
morning							
afternoon							
evening							

The program will initially offer rides during a limited schedule between the hours of 9-5 on Mondays-Fridays. Most shifts will involve several riders and last 2-4 hours. Rides will be provided according to the availability of volunteers. Flexibility will be appreciated and commitment rewarded.

How many hours are you willing to volunteer per week? _____

Have you ever been convicted of a crime? Yes_____ No_____

Explain if needed: _____

I hereby verify that the above information is correct.

I give permission to do a criminal background check using my SS#.

I agree to abide by the policies and procedures of the program.

I will notify Meadowlink of any restrictions on my license or traffic tickets.

Signed: _____

REFERENCES:

(required)

Name _____ Name _____ Name _____

Town _____ Town _____ Town _____

Phone _____ Phone _____ Phone _____

Notify in an emergency: _____ Phone _____

How did you hear about the senior mobility program? _____



COMMUNITY CARS-RIDER REGISTRATION FORM

Please fill out the form completely to be registered as a member to be given rides with the Community Cars Program. This does not permit you to drive.

Rider's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Cell Phone: _____ E-mail: _____

Emergency Contact: _____ Phone: _____

Adult Child/Relative: _____ Phone: _____

Address: _____

Birthdate: _____ Live alone? Yes ___ No ___

How did you hear about the program? _____

Do you have a need for extra time getting to the car? Yes ___ No ___

Explain _____

Will you travel with an escort? Yes ___ No ___

Have you driven in the last year? Yes ___ No ___

Are you able to use mass transit? Yes ___ No ___

My transportation account will be started with ___ a check or ___ a credit card.

- 1. Make check payable to Meadowlink.
2. Mail to: Meadowlink, 144 Park Place East, Wood-Ridge, NJ 07075.
3. For additional information call 201.939.4242

Note: We will aim to provide transportation to ambulatory clients as requested to the best of our ability. Any changes or cancellations due to reasons beyond our control will be communicated via phone.

OFFICE USE ONLY:

Intake by: _____ Date: _____ Follow-up phone call by: _____ Date: _____

Date of first ride: _____ Fee paid: _____