

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: _____

Live alone? Yes _____ No _____ Birthdate: _____

How did you hear about the program?

List most likely destinations and their addresses:

Doctor: _____

Store(s): _____

Others: _____

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 _____

Note: We will aim to provide transportation 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: _____

Return to: CarShare, Inc., 201 Route 17 North, Rutherford

Rider Registration Form

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CarShare, Inc.

201 Route 17 North, Rutherford, NJ 07070
tel: 1.866.208.1307 fax: 201.939.2630