

**CONFIDENTIAL**

West Marin TRIPtrans  
West Marin Senior Services Volunteer Driver Program  
P.O. Box 791  
Point Reyes Station, CA 94956  
415-663-8148

**Volunteer Driver Information**

Please have your volunteer fill this out and return it to West Marin Senior Services.

This information will be used for emergency contact only.

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Space # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_ AGE: \_\_\_\_\_

DO YOU HAVE CURRENT VEHICLE INSURANCE? YES \_\_\_ NO \_\_\_

DO YOU HAVE A VALID AND CURRENT DRIVER'S LICENSE? YES \_\_\_ NO \_\_\_

WHAT IS YOUR RELATIONSHIP TO YOUR RIDER? (CHECK ONE)

FRIEND \_\_\_\_\_ NEIGHBOR \_\_\_\_\_ CAREGIVER \_\_\_\_\_ IHSS CAREGIVER \_\_\_\_\_

OTHER (EXPLAIN): \_\_\_\_\_

WEST MARIN SENIOR SERVICES WILL DO A CRIMINAL BACKGROUND CHECK AND A DMV CHECK.

PLEASE MAIL TO THE ADDRESS ABOVE.

ATTENTION: CHLOE COOK, WEST MARIN TRIPTRANS COORDINATOR.