

Senior Transportation Services, Inc.

830 Corbin Ave.

New Britain, CT 06052

(860) 224-7117

FAX: (860) 224-8365

E-Mail: seniortransportationservices@yahoo.com

Volunteer Driver Registration

Name: _____ Birth Date: _____

Address: _____

City: _____, Zip _____

Phone Number: _____

Email: _____

Ethnicity: Caucasian _____, African American _____, Hispanic _____, Asian _____,
Native American _____ or Other _____

Veteran: Yes _____ No _____

Referred by: _____

Driver's License #: _____ Expiration Date: _____
(Please provide copy of Driver's License)

Insurance Carrier: _____ Policy #: _____

I verify that I carry at least the minimum automobile insurance as required by the State of Connecticut: Initials _____ (Please provide copy of Automobile Declaration Page)

Emergency contact: _____ Phone Number: _____

Days Available: Monday _____, Tuesday _____, Wednesday _____, Thursday _____, Friday _____

Times Available: _____

Volunteer Signature: _____ Date: _____

Executive Director Signature: _____ Date: _____