



Senior Transportation Services

Volunteer Driver Registration

Name: _____ Birth Date: _____

Email: _____

Mailing Address: _____

City: _____ Zip _____

Cell #: _____ Home #: _____

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

Referred by: _____ Veteran: Yes _____ No _____

Have you received vaccination for Covid: Yes _____ No _____

Driver's License #: _____ Expiration Date: _____

*(Please provide copy of Driver's License)

Insurance Carrier: _____ Policy #: _____

*(Please provide copy of Automobile Policy Declaration Page)

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: _____ Relationship: _____

Phone Number: _____

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

Times Available: _____

Volunteer Signature: _____ Date: _____

Executive Director Signature: _____ Date: _____

830 Corbin Ave., New Britain, CT 06052

(860)224-7117

Website: www.seniorrides.org/Email: seniortransportationservices@yahoo.com