

Wellesley Council on Aging

219 WASHINGTON STREET • WELLESLEY, MA 02481 TELEPHONE: (781) 235-3961 FACSIMILE: (781)239-0394 WWW.WELLESLEYMA.GOV/COA

Volunteer Drivers Program

Telephone: 781-235-3046 Email: Drive@wellesleyma.gov

DRIVER APPLICATION FORM

PART A: Personal Identification

Name			_
Address			
Telephone#		Cell #	-
Email Address(For this program, regula		l is necessary)	
Date of Birth			
Emergency contact name		Relationship to you	
Emergency contact phone	e number (best numbers t	o reach person)	
Home	Work	Cell	
Do you speak another La		glish? (Please specify)	_
How did you hear about t			

Part B: Expe Previous Volu						
References (re	equired)					_
Name:			Phone#			
Name:						
PART C: Inf	ormation at	oout your car				
			's license, (2) you intend to	_		nce policy
	ability insura	*	ve valid person ount equal to o			erage and must carry equired by
Has a car insu If yes, please	-	nny ever refus	ed, cancelled, o	or not renewed	l your insuranc	e?YesNo
Will you be d	riving an SU	V that require	es passenger to	step up?Y	YesNo	
Part D: Your	schedule					
	-		ı are available t			ate a firm
commitment t	Anytime	Before 9 a.m.	e us an idea of 9 a.m. to Noon	Noon to 3 p.m.		After 5 p.m.
Monday		7 311-23		- Files	Pills	
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
	that the Wel	lesley Counci	l on Aging upo	_		above information ny application will
Signature of V	gnature of Volunteer Date					
For office use or	nly: Intake by _	Date		ate	I	Rev 8/6/15-JC