



**CARROLL COUNTY RSVP  
RETIRED & SENIOR VOLUNTEER PROGRAM**

P.O. Box 1182, North Conway, NH 03860  
 Tel: 603-356-9331  
 Fax: 603-356-9322

**VOLUNTEER DRIVER ENROLLMENT FORM**

Name:		
Street Address:		
City/State/Zip:	Phone:	
Email:	Cell Phone:	
Birth Date:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No
Covid-19 Vaccine: YES _____ NO _____	Date of First Vaccine:	Date of Second Vaccine:

Emergency Contact Information	
Name:	Relationship:
Address:	
City/State/Zip:	
Home Phone:	Work/Cell:

Vehicle Information / Driving History		
Driver's License #:	State Issued:	Expiration:
What type of car do you drive?: <input type="checkbox"/> 2 Door <input type="checkbox"/> 4 Door	How many passengers can your car safely carry?:	

Have you been involved in a car accident in the last five (5) years?:  Yes  No

If yes, please explain each circumstance including: date(s) of accident and nature of accident.

Have you received a traffic violation (unrelated to parking) in the last five (5) years?:  Yes  No

If yes, please explain:

Do you have any health problems that might affect your driving ability?:  Yes  No

If yes, please explain:

**Auto Insurance (Please include a copy of your recent policy)**

Insurance company Name:

Phone #:

Bodily Injury Limit:

Property Damage Limit:

Policy Number:

**Volunteer Information**

How did you hear about RSVP? (please check one)

Staff/Current volunteer  Newspaper  Radio/Television  Family/Friend  Other \_\_\_\_\_

Do you have any special training (i.e. CPR, first aid, defensive driving)?:

Previous Volunteer Experience:

Do you have any limitation on where you will drive?  Yes  No

If so, please explain the maximum distance you are willing to drive:

What days of the week and hours work best for you to transport clients?:

**(keep in mind that RSVP offers transportation services Monday through Friday from 9 AM – 6 PM)**

DAYS	HOURS
Monday <input type="checkbox"/>	
Tuesday <input type="checkbox"/>	
Wednesday <input type="checkbox"/>	
Thursday <input type="checkbox"/>	
Friday <input type="checkbox"/>	

*I attest that all of the information provided to Carroll County Retired Senior & Volunteer Program (RSVP) is correct and is completed to the best of my ability.*

**Signature of Volunteer:** \_\_\_\_\_

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

**Signature of RSVP Staff:** \_\_\_\_\_

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