

Volunteer Driver Program Profile

Name of Program: _____
Street Address: _____
City, State, Zip: _____
Telephone: _____
E-mail _____
Website: _____
Contact Name: _____
Title: _____
Description of Service: _____

Passengers served:
_____ older adults _____ people with disabilities _____ children _____ teens _____ adults

Drivers providing rides:
_____ paid drivers _____ volunteer drivers

Type of vehicles: _____ automobile _____ bus _____ taxi _____ van

Rider eligibility criteria: _____

Reservation requirements:
_____ same day service _____ must schedule 24 hours in advance
_____ must schedule 2 days in advance _____ must schedule more than 2 days in advance

Hours of operation: _____
Days of operation: _____

Type of service:
_____ curb-to-curb _____ door-to-door
_____ door-through-door _____ stay-at-the-destination

Passenger fee structure:
_____ sliding scale \$ _____ _____ no rider fees
_____ flat rate \$ _____ _____ rider donation
_____ mileage rate \$ _____ _____ other

Other information: _____