Volunteer Driver Application

Name:_____**Birthdate:**_____ **Driver's License #:**_____

Address: _____
Street *City* *Zip Code*

Auto Insurance Provider (Must have full coverage):_____

Home Phone Number:_____ **Cell Phone Number:**_____

Email Address: _____

Please circle or check all that apply:

1. **Do you currently provide rides to individuals in need (i.e. neighbors, friends, family)?**

   Yes No

2. **If you become part of a pool of volunteers who provide occasional rides, which of the following describes your interests? (Check all that apply).**

   ☐ I would like to provide rides only within the community I live in.

   ☐ I am willing to provide rides only within Story County.

   ☐ I am willing to provide rides outside Story County (i.e. Des Moines).

   ☐ I am willing to provide rides to older adults as long as they are ambulatory.

   ☐ I am willing to provide rides to young adults and/or children.

Please mail or drop off to:

RSVP, 113 Colorado Ave, Ames 50014
OR
RSVP, 503 Elm, Story City, IA 50248

RSVP Contact Information

Arti Sanghi, Ames Office: 515-292-8890 or rsvp@isunet.net

Kalen Petersen, Story City Office: 515-733-4917 or kpetersenrsvp@iowatelecom.net.