



Ride Assist Services

Compassion in Action

Volunteer Application

Please return to 3908-2 Old Buckingham Rd, Powhatan, VA 23139

By email: RAServices.PVA@gmail.com or by fax: 804-598-5614

Name _____ Today's Date _____

Date of Birth _____ Are you a Veteran? ____ Y ____ N

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Virginia Drivers' License # _____

Disabled Placard ID

(for agency use)

- Please select your racial heritage:
- White
 - Black/African American
 - Asian
 - Asian & Black/African American
 - Asian & White
 - American Indian/Alaskan Native
 - Black/African American & White
 - American Indian/Alaskan Native & White
 - Native Hawaiian/Other Pacific Islander
 - American Indian/Alaskan Native & Black
 - Other/Unknown

Insurance Information

All volunteer drivers must have the minimum auto insurance coverage required by the state of Virginia. The following information is needed for the Virginia Division of Risk Management and will be confirmed during driver orientation meeting.

Auto Insurance Company Name _____

Auto Insurance Company Phone # _____

Policy Number _____

Policy Start Date _____

Policy Expiration Date _____

(over)

Have you been charged with any traffic violations within the last three years? ___Y ___ N

If yes, please explain: _____

Please describe the vehicle you will be driving for the rides you provide volunteer transportation

Year _____ Make _____ Model _____

Vehicle License # _____ Color _____

Emergency Contact Name: _____

Emergency Contact Phone# _____ Relationship _____

Availability

We understand a driver's availability to provide a ride will change from week to week and cannot always be anticipated. The positive, flexible volunteer experience driving for this program (*fulfilling ride requests whenever a driver finds themselves available and willing to make that commitment*) makes it unique and easy to incorporate into life's other obligations. We do incur expenses for any driver listed in the program; subsequently drivers are required to make an attempt to provide a ride at least once or twice in a calendar year.

Do you have any physical or medical conditions that may interfere with your ability as a Ride Assist Services

Volunteer Driver? ___ Y ___ N

If yes, please explain _____

Is it managed with medicine or other means? Please explain _____

I will inform Ride Assist Services should any of this information change.

Sign

Date

If you have any questions regarding this application please call 804-698-0438
or email RAServices.PVA@gmail.com

Thank you so much for taking the time to tell us about yourself.

Jayne Lloyd, Transportation Coordinator
Phone: 804-698-0438