Driver Information Sheet

Name:						
Address:		City:		Sta	ate: CA Zip:	3
Cell Phone:		н	ome Phone:			
Cen i none.			ome i none.			
Email Addres	ss:					
Mileage: □Y	es 🗆 No		Start Date:			
Car Type:						
□ 2 door or	□ 4 door	Service dogs ol	kay? Yes/no	Wal	kers okay?	Yes/no
Able to provide physical assistance when necessary? Yes/no						
Communication Preference: □Email □Phone Call □Text						
Preferred are	eas to drive:					
	. A	□Bonny Doon	□ Boulder (Creek [Capitola	□ Davenport
					_	
\square Felton \square	La Selva Beach	□ Santa Cruz	☐Scotts Vall	ey	□Soquel	☐ Watsonville
			•1 1 •1•4			
Day(Circle)	Monday		ailability Wed	Thurs	Fri	
Day(Circle)	Monuay	1 ues	weu	Inurs	rr.	
Time						
	4.0				*	
Frequency (How many times a week do you want to drive)						