



RSVP of Central Oklahoma, Inc. Provide-A-Ride Volunteer Driver Application

“Seniors Living, Loving, and Giving for a Better Community.”

7401 NE 23rd Street • Oklahoma City, OK 73141 • Phone: (405)605-3110 • Fax: (405)605-3108
Please e-mail completed form to: faye.beam@rsvpokc.org • Website: www.rsvpokc.org

Name: _____ Prior Names/Surnames: _____

Which area(s) of metro OKC are you willing to drive? (Check all that apply)

| | | | |
|---------------|-------------------|---------------|---------------|
| Northwest OKC | South OKC | Northeast OKC | Bethany |
| Mid-DeI Area | Eastern OK County | Edmond | Mustang/Yukon |

Which days are you available to drive for Provide-A-Ride? (Check all that apply) M T W Th F any

Which times are you available to drive for Provide-A-Ride? (Check all that apply) Morning Afternoon any

Do you have any physical limitations, which might affect you ability to drive? Yes No

If yes, please explain: _____

Have you attended a defense-driving course in the past two years? Yes No

Vehicles(s) you will be driving: _____

| | | | |
|------|------|-------|-------|
| Year | Make | Model | Tag # |
|------|------|-------|-------|

| | | | |
|------|------|-------|-------|
| Year | Make | Model | Tag # |
|------|------|-------|-------|

Have you ever been, or are you currently charged with a criminal offense, including but not limited to criminal neglect, abuse or assault? Yes (If yes, please explain on back of this sheet) No

Do you agree to disclose any future criminal or traffic convictions or violations: Yes No

Personal references: Please provide two non-family references:

1. _____

| | | | |
|------|---------|---------|--------------|
| Name | Address | Phone # | Relationship |
|------|---------|---------|--------------|

2. _____

| | | | |
|------|---------|---------|--------------|
| Name | Address | Phone # | Relationship |
|------|---------|---------|--------------|

- A motor vehicle record background check will be performed on all Provide-A-Ride volunteer drivers, at the expense of RSVP.
- RSVP requires a copy of your current vehicle insurance verification be kept on file. Please provide a copy to the RSVP office.

I have completed and reviewed this entire form and attest that the information provided is true.

Volunteer Signature _____ Date _____