

SENIOR TRANSERVE  
3600 W. King St. Suite 7  
Cocoa, Florida 32926  
321-639-4868 ext. 282

### Senior TranServe Volunteer Registration Form

Full Name \_\_\_\_\_

Address, City, Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Driver's License # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Has any auto insurance company ever refused, cancelled, non-renewed or given notice of intention to non-renew automobile insurance to you?

No \_\_\_\_\_ Yes, Cancelled \_\_\_\_\_ Yes, Refused \_\_\_\_\_ Yes, Non-renewal \_\_\_\_\_

If Yes, please explain reason why: \_\_\_\_\_

Current Automobile Insurance Name & Address:

Expiration Date: \_\_\_\_\_

Do you have any physical limitations that may restrict your activities or interfere with normal driving skills?

Please fill out the back side of this form

PLEASE INDICATE THE TIMES THAT YOU ARE AVAILABLE TO VOLUNTEER:

	MON	TUES	WED	THURS	FRI	SAT
MORNING						
AFTERNOON						
EVENING						
SEASONAL						
YEAR ROUND						

PLEASE LIST THE AREAS YOU ARE WILLING TO DRIVE WITHIN BREVARD COUNTY:

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HAVE YOU HAD ANY PREVIOUS VOLUNTEER EXPERIENCE? IF SO, PLEASE LIST BELOW:

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**As a licensed driver, I have all automobile insurance coverage that is required under Florida Law, and I agree to maintain such coverage during my volunteer service through *Senior TranServe*. I also declare that all information filled out on this *Senior TranServe* registration form is true and accurate.**

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Senior TranServe Representative \_\_\_\_\_ Date \_\_\_\_\_



Form revised 09-15-09