



**Aging Matters In Brevard**  
**Senior TranServe**

3600 W. King St. Cocoa, Florida 32926  
321-806-3729

**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 been 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 limitations that may hinder your ability to provide safe and dependable transportation?

Please complete 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, I understand that my insurance is primary if an accident occurs, and I agree to maintain my insurance 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 \_\_\_\_\_