



St. Mary's County
Department of Aging & Human Services
Senior Rides Program

P.O. Box 653, Leonardtown, MD 20650
 Phone: 301-475-4200 ext. 1066 ~ Fax: 301-475-4503



"Give Seniors A Lift"

Volunteer Driver Application

Full Name: _____

Address: _____

City: _____ **State:** _____ **Zip code:** _____

Home #: _____ **Work #:** _____ **Cell #:** _____

Date of Birth (mm/dd/yy): _____ **E-mail Address:** _____

Emergency Contact: _____ **Phone #:** _____

Do you have a current Maryland State Driver's License? Yes No

How long have you been a Maryland resident? _____

Do you speak a second language? Yes No **If yes, what?** _____

Do you use sign language? Yes No

Are you willing to travel outside of St. Mary's County? Yes No

If yes, where? Charles County Calvert County Prince George's County Annapolis
 Washington, DC Baltimore Northern Virginia

Why do you want to be Senior Rides Volunteer Driver? _____

How did you hear about Senior Rides? _____

References: (Three persons not related to you that the Department of Aging may contact)

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

As a volunteer, you will be driving your own vehicle. When operating your personal vehicle to transport **Senior Rides** clients, you must keep your vehicle in good working order and you must maintain auto insurance with a minimum personal liability coverage range of \$100,000.

Do you agree to comply with this requirement? Yes No

Signature: _____ **Date:** _____



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Volunteer Driver Release/Waiver

The Senior Rides Program provides door to door transportation for persons 60 years of age and older by volunteer drivers using their own vehicles. Drivers are aware that their insurance is the primary insurance; a supplemental insurance is provided by the Program for coverage beyond their primary insurance.

The undersigned understands and expressly assumes all risks involved in participation in the Senior Rides Program. The Driver is aware that the Rider has also signed a Release/Waiver to participate in the Program.

The undersigned shall indemnify and hold harmless St. Mary's County Government and its officials, employees, and agents from and against any and all liabilities, judgments, settlements, losses, costs, or charges (including attorney fees) incurred as a result of any claim, demand, action or suit relating to any bodily injury (including death) losses, property damage caused by, arising out of, related to, or associated with this activity.

Printed Name of Driver

Date

Signature of Driver