



**SC WRCOG ADRC
ASSISTED RIDES PROGRAM (ARP)
VOLUNTEER DRIVER
ENROLLMENT APPLICATION**

Waccamaw Regional Council of Governments
1230 Highmarket Street
Georgetown, SC 29440
(843) 546-8502
(843) 527-2302 Fax

Privacy Act Notice: According to Title 5, U.S.C. § 552a (Privacy Act of 1974) as implemented by the Federal Register, 32 CFR Part 505, the Assisted Rides Program, under the Waccamaw Council of Governments; Final Rule, protected personal information will not be disclosed from this application to any commercial enterprise or representative thereof or to any individual outside the Assisted Rides Program. This application will be safeguarded IAW paragraph § 505.2, of subject Federal Register. Obsolete copies will be destroyed. Failure to provide requested information will result in program participation denial. Additional information may be added on a separate sheet of paper.

Please print and complete all sections:

Name (First, Middle, Last and Maiden Name if applicable):	Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Street Address, City and Zip:	Social Security #: (For Background checks)
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Mailing Address, City and Zip (if different from above):	Home Phone:
	Cell Phone:

Email Address:	Office Phone:
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Primary notification will be sent by e-mail with your personal link to the online secure website. If no e-mail, you will be notified of acceptance by phone.

Emergency Contact:	Relationship:	Emergency Phone #:
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Vehicle Make/Model/Year:	License Plate/State	Auto Insurance Policy Number:
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Days Available (check all that apply): <input type="checkbox"/> Mondays <input type="checkbox"/> Tuesdays <input type="checkbox"/> Wednesdays <input type="checkbox"/> Thursdays <input type="checkbox"/> Fridays <input type="checkbox"/> Saturdays <input type="checkbox"/> Sundays Availability (check all that apply) <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Flexible <input type="checkbox"/> Will also consider urgent short notice trips <input type="checkbox"/> Escort	Provider
	Driving Limitations

<i>Assurance/Authorization Statements (please initial each statement)</i>	Initial Below
I will keep in effect automobile insurance as required by the State of South Carolina. My personal insurance will provide primary coverage, and ARP insurance as secondary coverage.	
If my automobile insurance is cancelled, I will immediately notify the ARP Mobility Manager.	
I understand I must keep passenger information confidential.	
I will ensure my automobile is maintained and all vehicle safety features are functional.	
I authorize ARP Mobility Manager to perform background and driving record checks.	
A copy of my Driver's License has been provided to the ARP Mobility Manager.	
I authorized a photo of me or photo on my driver's license to be used on the ARP identification badge.	
I authorize and understand a SC Law Enforcement Division check will be performed randomly.	

As a SC WRCOG Assisted Rides Volunteer, you will be covered with supplemental insurance for accidents while volunteering. In the event of accidental death in connection with your volunteer work your designated beneficiary would receive \$2,500. **Please provide the beneficiary name and address for this supplemental accident insurance:**

Beneficiary: _____ Phone #: _____

Address: _____ Relationship: _____

Signature of Volunteer:	Date:
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