



MADISON YOUTH AND FAMILY SERVICES
10 School Street
Madison, Connecticut 06443-2691

Phone: (203) 245-5645
Fax: (203) 245-5648

Return completed form to the above address or to the Guidance Office
at Daniel Hand High School

NAME: DATE OF BIRTH:
ADDRESS: CITY, STATE, ZIP
TELEPHONE: GRADUATION YEAR:
EMAIL ADDRESS

FOR DRIVERS ONLY

You must have your license for six months before becoming a Safe Rides Driver!
We must have a copy of your drivers' license; insurance card and declaration of insurance

DRIVER'S LICENSE NUMBER DATE ISSUED:
ARE YOUR PARENTS WILLING TO LET YOU USE THEIR CAR FOR SAFE RIDES DUTY?
ARE YOU & ANY PASSENGERS COVERED ON YOUR PARENTS INSURANCE?
PARENT SIGNATURE;

FOR ALL APPLICANTS

In joining SAFE RIDES, I agree to:

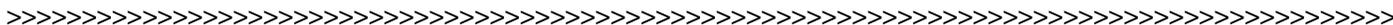
- NEVER USE SUBSTANCES AND DRIVE
NEVER RIDE IN A CAR WITH AN INTOXICATED DRIVER
Keep all SAFE RIDES information STRICTLY CONFIDENTIAL.
Work my scheduled shift or find a substitute.
Work four shifts per year.

APPLICANT'S SIGNATURE DATE:

I agree to let me son/daughter participate in the Madison Safe Rides program.

PARENT'S SIGNATURE

SAFE RIDES ADVISOR'S SIGNATURE



While serving as a Safe Rides shift driver, a registered Safe Rides volunteer will be covered by the Town of Madison Insurance Policy's automobile coverage. If you have any questions, please do not hesitate to call Madison Youth Services at 245-5645.