

Item	Carpool Partner 1	Carpool Partner 2	Carpool Partner 3
Member Name:			
Carpool Communication Strategy			
Home Address:			
Home Telephone:			
Work Telephone:			
Cell Phone:			
eMail Address:			
Who / When to Call:			
Carpool Calendar	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Driving Responsibilities			
Car Available?	<input type="checkbox"/> Always <input type="checkbox"/> No <input type="checkbox"/> Sometimes	<input type="checkbox"/> Always <input type="checkbox"/> No <input type="checkbox"/> Sometimes	<input type="checkbox"/> Always <input type="checkbox"/> No <input type="checkbox"/> Sometimes
Do you want to share driving?	<input type="checkbox"/> Always <input type="checkbox"/> No <input type="checkbox"/> Sometimes	<input type="checkbox"/> Always <input type="checkbox"/> No <input type="checkbox"/> Sometimes	<input type="checkbox"/> Always <input type="checkbox"/> No <input type="checkbox"/> Sometimes
How do you want to share driving? <input type="checkbox"/> Never	<input type="checkbox"/> Daily Rotation <input type="checkbox"/> Weekly Rotation <input type="checkbox"/> Monthly Rotation	<input type="checkbox"/> Daily Rotation <input type="checkbox"/> Weekly Rotation <input type="checkbox"/> Monthly Rotation	<input type="checkbox"/> Daily Rotation <input type="checkbox"/> Weekly Rotation <input type="checkbox"/> Monthly Rotation
Driving Schedule – Days to Drive Are: Any Notes to be made:	<input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
Driving / Riding Expenses			
Driving Expenses:	<input type="checkbox"/> Share Driving Equally <input type="checkbox"/> Contribute \$ to Drive <input type="checkbox"/> Specify Amount \$_____	<input type="checkbox"/> Share Driving Equally <input type="checkbox"/> Contribute \$ to Drive <input type="checkbox"/> Specify Amount \$_____	<input type="checkbox"/> Share Driving Equally <input type="checkbox"/> Contribute \$ to Drive <input type="checkbox"/> Specify Amount \$_____
Payment Schedule:	<input type="checkbox"/> Per Trip <input type="checkbox"/> Weekly <input type="checkbox"/> Other	<input type="checkbox"/> Per Trip <input type="checkbox"/> Weekly <input type="checkbox"/> Other	<input type="checkbox"/> Per Trip <input type="checkbox"/> Weekly <input type="checkbox"/> Other
Carpool Etiquette			
Smoking okay?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Music okay?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food okay?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drinks okay?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Talking okay?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Coffee Drive-Through okay?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Daycare/School Stop okay?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas Station Stop okay?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Honking okay?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No