

RIDESHARE CHECKLIST

Item	Member 1	Member 2	Member 3
Member name			
Driving responsibilities			
Car available?	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> No	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> No	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> No
Do you want to share driving?	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> No	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> No	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> No
How do you want to share driving?	<input type="checkbox"/> Daily rotation <input type="checkbox"/> Weekly rotation <input type="checkbox"/> Monthly rotation <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Daily rotation <input type="checkbox"/> Weekly rotation <input type="checkbox"/> Monthly rotation <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Daily rotation <input type="checkbox"/> Weekly rotation <input type="checkbox"/> Monthly rotation <input type="checkbox"/> Other (specify)
Driving schedule	<input type="checkbox"/> Days to drive are:	<input type="checkbox"/> Days to drive are:	<input type="checkbox"/> Days to drive are:
Pick-up order and schedule			
Driving expenses			
Driving expenses	<input type="checkbox"/> Share driving equally <input type="checkbox"/> Contribute \$ to driver Specify amount \$_____	<input type="checkbox"/> Share driving equally <input type="checkbox"/> Contribute \$ to driver Specify amount \$_____	<input type="checkbox"/> Share driving equally <input type="checkbox"/> Contribute \$ to driver Specify amount \$_____
Payment schedule	<input type="checkbox"/> Per trip <input type="checkbox"/> Weekly <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Per trip <input type="checkbox"/> Weekly <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Per trip <input type="checkbox"/> Weekly <input type="checkbox"/> Other (specify)
Maximum allowable wait (no honking!)	<input type="checkbox"/> 3 minutes <input type="checkbox"/> Other (specify)	<input type="checkbox"/> 3 minutes <input type="checkbox"/> Other (specify)	<input type="checkbox"/> 3 minutes <input type="checkbox"/> Other (specify)
Other carpool issues (Indicate preferences and special comments)			
Smoking okay?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't matter	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't matter	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't matter
Music okay?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't matter	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't matter	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't matter
Food okay?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't matter	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't matter	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't matter
Drinks okay?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't matter	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't matter	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't matter
Talking okay?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't matter	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't matter	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't matter
Coffee drive-thru okay?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't matter	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't matter	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't matter
Daycare/school stop okay?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't matter	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't matter	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't matter
Gas station stop okay?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't matter	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't matter	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't matter
Other issues?			
Insurance	<input type="checkbox"/> Need to check policy <input type="checkbox"/> Policy covers carpooling Liability limit \$_____	<input type="checkbox"/> Need to check policy <input type="checkbox"/> Policy covers carpooling Liability limit \$_____	<input type="checkbox"/> Need to check policy <input type="checkbox"/> Policy covers carpooling Liability limit \$_____
Carpool communication strategy			
Home address			
Home phone			
Work phone			
Email address			
Who/when to call			
Other info?			