

Carpool Discussion 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 <input type="checkbox"/> Specify amount \$ _____ | <input type="checkbox"/> Share driving equally <input type="checkbox"/> Contribute \$ to driver <input type="checkbox"/> Specify amount \$ _____ | <input type="checkbox"/> Share driving equally <input type="checkbox"/> Contribute \$ to driver <input type="checkbox"/> 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"/> Sometimes | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| Music okay? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| Food okay? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| Drinks okay? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| Talking okay? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| Coffee drive-thru okay? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| Daycare/school stop okay? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| Gas station stop okay? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| 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? | | | |