



A project of Catholic Charities

Dear TAP parents and guardians,

Attached you will find a Start Strong Choose Respect transportation form for you to fill out and return if you are interested in having alternate transportation for your child, to and from the TAP meetings. The form will allow the drivers to have your information if they ever need to contact you regarding your child. TAP parents and volunteers are willing to do this extra driving in order to support your child in their efforts as a TAP member. Be sure to have your child follow these guidelines when requesting a driver.

- **Youth must have a signed parent permission form on file or in hand when picked up**
- **Please call for a driver 24 hours in advance, if possible**
- **Request for pick-up MUST be at least TWO HOURS in advance**
- **Youth needs to know the address where they are to be picked up**
- **Youth needs to say if they will also need a ride home after the meeting**
- **Youth will ONLY be taken home after the meeting**

Our TAP Volunteer Driver Coordinator is Stefanie Nordstedt. Once she receives a call from a youth, she will:

1. Check to see if this youth has a signed parent permission on file
2. Collect the pick-up location from your youth
3. Collect the contact number of youth for driver to call and confirm
4. Contact the driver in your youth's area
5. The driver will then contact your youth to confirm

Please have your youth return the completed form to the next TAP meeting.

**PLEASE CALL THIS NUMBER IF YOU NEED A RIDE
316-833-3916**



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PERMISSION FOR TRANSPORTATION OF TAP MEMBERS TO AND FROM TAP
MEETING PLACE

I, _____, parent or guardian of _____, do hereby authorize Start Strong volunteer parents/guardians to transport my child to and from scheduled TAP meetings for the current school year. In case of emergency, I understand the person driving my child will call me. If I cannot be reached, the driver will call the emergency contact number(s) listed below.

Signed (parent/guardian) _____ Date _____

Parent/guardian phone number:

Home _____ Cell _____

Emergency contact:

Name _____ Phone # _____

Name _____ Phone # _____