



The American Driving Society, Inc.

ADS Driving Mentor Form

Name: _____ ADS #: _____

City, State: _____ Phone: _____

Alternate Location: _____

Email: _____ Website: _____

Social Media: _____

Preferred contact method: Text Call Email Social Media

Do you drive currently: Yes No Years of driving experience: _____

Experience in: Recreation Pleasure Combined Driving

Are you familiar with various driving vendor resources: Yes No

Do you know where to find the "New to Driving" page on the ADS website? Yes No

Do you feel comfortable trying to connect local drivers to each other? Yes No

Other comments: