

BECOME A

VOLUNTEER DRIVER

VOLUNTEER DRIVER PROGRAM APPLICATION

APPLICANT INFORMATION

NAME _____ DATE OF BIRTH _____

STREET ADDRESS _____

TOWN/CITY _____ ZIP _____

MAILING ADDRESS _____

TOWN/CITY _____ ZIP _____

HOME PHONE # _____ CELL PHONE # _____ BEEPER # _____

HOW LONG HAVE YOU BEEN A RESIDENT OF VERMONT? _____

DO YOU CURRENTLY HAVE A VALID VERMONT DRIVERS LICENSE? _____

VALID VERMONT DRIVERS LICENSE # _____

APPLICANT HISTORY

HAVE YOU BEEN IN AN AUTOMOBILE ACCIDENT IN THE PAST 3 YEARS? _____

HAVE YOU BEEN CITED FOR A TRAFFIC VIOLATION IN THE PAST 3 YEARS? _____

HAVE YOU EVER BEEN ACCUSED OR CONVICTED OF A CRIME? _____ IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN INTERVIEWED OR INVESTIGATED BY THE DEPARTMENT FOR CHILDREN AND FAMILIES (DCF) FAMILY SERVICES DIVISION OR THE POLICE FOR CHILD ABUSE, SENIOR ABUSE AND/OR NEGLECT? _____

IF YES, PLEASE EXPLAIN: _____

DRIVING PREFERENCE

All ride assignments are optional—tell us how much or how little you want to volunteer.

ARE YOU COMFORTABLE DRIVING IN WINTER SNOW CONDITIONS? _____

ARE YOU ABLE TO DRIVE DURING DUSK/DAWN AND NIGHT HOURS? _____

ARE YOU ABLE TO ASSIST A PASSENGER TO AND FROM THE VEHICLE? _____

ARE YOU ABLE TO ASSIST A PASSENGER WITH A WHEELCHAIR OR A WALKER? _____

ARE YOU WILLING TO TRAVEL LONG DISTANCE, SUCH AS BURLINGTON, HANOVER N.H. AND ST. JOHNSBURY?

This transit agency enhances the quality of life in Vermont by delivering safe, convenient and more environmentally efficient transportation solutions.

PUBLIC INTEREST INFORMATION

PLEASE BRIEFLY DESCRIBE WHY YOU WISH TO VOLUNTEER AS A COMMUNITY RIDES DRIVER:

HOW DID YOU LEARN ABOUT THE COMMUNITY RIDES VOLUNTEER DRIVER PROGRAM?

IF YOU ARE 55 YRS. OF AGE OR OLDER, YOU ARE ELIGIBLE FOR RSVP (RETIRED AND SENIOR VOLUNTEER PROGRAM) MEMBERSHIP WHICH MAY OFFER ADDITIONAL INSURANCE OPTIONS. ARE YOU CURRENTLY A MEMBER?

IF NO, ARE YOU INTERESTED IN BECOMING A RSVP MEMBER?

APPLICANT AUTHORIZATION

To become a volunteer driver, you will need to provide a valid driver's license, up-to-date auto insurance (with a good driving record), and complete a full background check. Your Transportation Agency will contact you for this information upon processing your initial application.

For the safety and well being of all Transportation Agency clients and staff, we require that all potential community volunteer drivers agree to the following:

I hereby grant my Transit Agency the permission to contact the references I have given below, and also grant such references permission to speak truthfully and in detail about me.

REFERENCES

Please provide the names, daytime telephone numbers and mailing addresses of three (3) references who are not related to you.

1. **NAME** _____
 DAY PHONE _____
 MAILING ADDRESS _____

2. **NAME** _____
 DAY PHONE _____
 MAILING ADDRESS _____

3. **NAME** _____
 DAY PHONE _____
 MAILING ADDRESS _____

APPLICANT AUTHORIZATION

I hereby grant my Transit Agency permission to investigate my personal history through any investigative agencies or bureaus of their choice in order to obtain verification in the following:

**ADULT ABUSE REGISTRY
CHILD ABUSE REGISTRY
VERMONT CRIMINAL RECORD CHECK
NATIONAL CRIMINAL RECORD CHECK
MOTOR VEHICLE INSPECTION
DRIVER LICENSE CHECK**

Signature

Date

Name (printed)

THANK YOU FOR SUPPORTING YOUR TRANSIT AGENCY AND THE COMMUNITIES IN WHICH WE SERVE.