

PO Box 515, 6587 US HWY 11 Canton, NY 13617 (315) 714-2034 Fax (315) 714-2062

Volunteer Driver Application

Full application available at VolunteerTransortationCenter.org

Driver Inform	ation									
Name:										
Date of birth:	of birth: / / SSN: -			=		Driver's License ID#				
Mailing address:										
City: State:						ZIP Code:				
Home Phone: Cell Phone:										
Physical address:										
City: State: ZIP Code:										
Traffic Violations in the Last 3 Years? (attach a copy of a valid driver's license)										
♦ No				♦ Yes						
Explanation:										
Convicted of	Misdemeanor(s), Felon	y(s),	or other (Crimes'	?				
♦No				♦ Yes						
Date:				Violation:						
Result:										
Availability										
Monday Tuesday Wedr		Wednesda	ay	Thursday		Friday	Saturday	Saturday Sunda		
Restrictions?										
Are you able to help others in & out of vehicles?						♦ No ♦ Yes				
Are you able to help with wheelchairs & walkers?						♦ No	♦ Yes	♦ Yes		
Are you able to help others in & out of buildings?						♦ No ♦ Yes				
References										
Please attach 2 personal <u>letters</u> of reference. How did you learn about the VTC? ♦ friend/family ♦ advertisement ♦ website										
Vehicle Information										
	hicle registration and	current insur	ance c	ard for each ve	ehicle used	d for volunteering.				
Inspection Date:				Vehicle Type: [circle one]	:	Truck	Car	Van	SUV	
driving scheduled of transportation will be accepted, you agree be provided by the 4pm). You may har Please note the Volume 1	collowing statement. Clients for the VTC. It is screened and apprete to abide by VTC guarder. The vouchers and deliver, mail, fax constructed in the information is based on the information.	My automobil roved throug uidelines, incomo should be control on Center do	le insur th the \ cluding omplete chers in es not	rance will remain. TC. A Transplant completion of ed at the end on pdf or jpg for discriminate.	ain in effect cortation C required vor of each ruit rmat. The eligibil	ct; VTC's insuranc coordinator will cor vouchers indicatin n and turned in we lity of each driver i	e coverage is sentact you for spe g client and the gekly to the VTC	econdary. All recific dates and miles driven. \ (due each Th	requests for I times. If /ouchers will ursday by	
Signature of applicant:						Date:				