

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	nation									
Name:										
Date of birth:	/ / SSN: -			-		Driver's License ID#				
Mailing address:		•								
City: State:						ZIP Code:				
Home Phone:				Cell Phone:						
Physical address:					·					
City:				State:		ZIP Code:				
Traffic Violat	ions in the La	st 3 Year	's? (at	ttach a co	py of a <u>val</u> i	id driver's licer	ise)			
♦ No				♦Yes						
Explanation:										
Convicted of	Misdemeanor	(s), Felor	ny(s),	or othe	r Crimes	?				
♦ No				♦Yes						
Date:				Violation:						
Result:										
Availability										
Monday	Tuesday	Wednesday		Thurso	lay	Friday	Saturday	Su	Sunday	
Restrictions	?									
Are you able to help others in & out of vehicles? $\Diamond$ No $\Diamond$ Yes										
Are you able to help with wheelchairs & walkers?						♦ No		♦ Yes		
Are you able to help others in & out of buildings?						♦ No	♦ Yes			
References	<del>,</del>									
	rsonal letters of refer	onac	How die	d vou loarn	about the V/T	C? ♦ friend/family	^ advertisemen	t Awahaita		
•		ence.	1 low dic	a you learn	about the viv	C: Villend/laining	√ auvertisemen	it ∨ website		
Vehicle Infor		Laumantina.		and fan aaal	h wakiala waa	al famoualousta a visa e				
Attach copies of ve	ehicle registration and	current insu	irance c	ard for each	n venicie use	a for volunteering.	<u>,                                      </u>			
Inspection Date:				Vehicle Type: [circle one]		Truck	Car	Van	SUV	
driving scheduled transportation will accepted, you agree be provided by the 4pm). You may have the very series of the very ser	ollowing statement. clients for the VTC. be screened and appete to abide by VTC go VTC. The vouchers and deliver, mail, fax colunteer Transportations based on the information.	My automob proved throu guidelines, in a should be of or email vou	oile insuing the valuding complet uchers in oes not	rance will ra VTC. A Tra completion ted at the ea in pdf or jpg	emain in effe nsportation C n of required nd of each ru g format.	ct; VTC's insurand Coordinator will co vouchers indicating on and turned in will willity of each driver	ce coverage is so ntact you for spe ng client and the eekly to the VTC	econdary. All recific dates and miles driven. Volume each The	equests for I times. If ouchers will ursday by	
Signature of applicant:						Date:				