



Phone (315) 788-0422 Fax (315) 788-8021

**Step-by-Step Guide to Driving a Family Member**

1. If you would like to drive a family member to the doctor, please complete a driver application.
2. Make copies of your **car registration, driver's license, car insurance, and include a photo of your license plate and driver's license. Complete the background check release form** along with the driver application. Forms may be returned to:

*By mail:* Volunteer Transportation Center  
24685 State Route, Watertown, NY 13601

*By Fax:* (315) 788-8021

*By Email:* [reimbursement@volunteertransportation.org](mailto:reimbursement@volunteertransportation.org)

*\*Note: You can also visit [VolunteerTransportationCenter.org](http://VolunteerTransportationCenter.org) and complete the process online or stop by our offices.*

3. Once your application is received and processed you will receive a call to come into the VTC for a new driver orientation. Until then, you will NOT be eligible for reimbursement for miles driven.
4. Questions? Please feel free to reach out to Honey Marie at (315) 788-0422 x2908.

**[www.VolunteerTransportationCenter.org](http://www.VolunteerTransportationCenter.org)**



24685 State Route 37 Watertown, New York 13601  
Jefferson (315) 788-0422

Please return the following documents with your completed application and background check consent form:

1. Copy of your driver's license
2. Copy of your vehicle registration (as of 1/1/19 your car must be a 2005 or newer)
3. Copy of your current insurance card
4. Photo of your license plate





24685 Route 37 Watertown, New York 13601  
(315) 788-0422 Fax (315) 788-8021

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

## Volunteer Driver Application

Full application available at [VolunteerTransportationCenter.org](http://VolunteerTransportationCenter.org)

Driver Information						
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 Violations in the Last 3 Years? (attach a copy of a <u>valid</u> driver's license)						
◇ No		◇ Yes				
Explanation:						
Convicted of Misdemeanor(s), Felony(s), or other Crimes?						
◇ No		◇ Yes				
Date:		Violation:				
Result:						
Availability						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Restrictions?						
Are you able to help others in & out of vehicles?				◇ No	◇ Yes	
Are you able to help with wheelchairs & walkers?				◇ No	◇ 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						
Attach copies of vehicle registration and current insurance card for each vehicle used for volunteering.						
Inspection Date:		Vehicle Type: [circle one]		Truck	Car	Van     SUV
<p><b>Please read the following statement.</b> I acknowledge I will be reimbursed for distance traveled from my home and back to my home while driving <i>scheduled</i> clients for the VTC. My automobile insurance will remain in effect; VTC's insurance coverage is secondary. All requests for transportation will be screened and approved through the VTC. A Transportation Coordinator will contact you for specific dates and times. If accepted, you agree to abide by VTC guidelines, including completion of required vouchers indicating client and the miles driven. Vouchers will be provided by the VTC. The vouchers should be completed at the end of each run and turned in weekly to the VTC (due each Thursday by 4pm). You may hand deliver, mail, fax or email vouchers in pdf or jpg format.</p> <p><i>Please note the Volunteer Transportation Center does not discriminate. The eligibility of each driver is not based on age, race, color, or religious beliefs. Eligibility is based on the information provided by you as well as the references.</i></p>						
Signature of applicant:				Date:		

# Volunteer Background Report Disclosure and Authorization

Authorization to Obtain Background Check

Volunteer Transportation Center, Inc. may obtain from Verified Volunteers, 113 South College Avenue, Fort Collins, CO, 80524, (855) 326-1860. [www.verifiedvolunteers.com](http://www.verifiedvolunteers.com), a report ("REPORT") that contains background information about you in connection with volunteerism. Verified Volunteers may obtain further reports throughout your volunteerism so as to update your report without providing further disclosure or obtaining additional consent.

The REPORT may contain information about your character, general reputation, personal characteristics and mode of living. The REPORT may include, but is not limited to, criminal and other public records and history; public court records; motor vehicle and driving records; and Social Security verification and address history, subject to any limitations imposed by applicable federal and state law. This information may be obtained from public record and private sources, including government agencies and judicial records, and other sources.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Disclosure Regarding Background Report

I have read the above disclosure provided by Volunteer Transportation Center, Inc. and this Authorization to Obtain Volunteer Background Report. By my signature below, I hereby consent to the preparation by Verified Volunteers, a reporting agency located at 113 South College Avenue, Fort Collins, CO, 80524, (855) 326-1860, [www.verifiedvolunteers.com](http://www.verifiedvolunteers.com), of background reports regarding me and the release of such reports to the VTC and its designated representatives, to assist the VTC in making a volunteer decision involving me at any time after receipt of this authorization and throughout my volunteerism, to the extent permitted by law. To this end, I hereby authorize, without reservation, any state or federal law enforcement agency or court, educational institution, motor vehicle record agency, or other information service bureau or data repository, to furnish any and all information regarding me to Verified Volunteers and/or the VTC itself, and authorize Verified Volunteers to provide such information to the VTC. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Driver's License State: \_\_\_\_\_

Other Names Used (alias, maiden name, etc.):

Alias: \_\_\_\_\_ Dates alias used: from \_\_\_\_\_ to \_\_\_\_\_

Alias: \_\_\_\_\_ Dates alias used: from \_\_\_\_\_ to \_\_\_\_\_

Alias: \_\_\_\_\_ Dates alias used: from \_\_\_\_\_ to \_\_\_\_\_

Alias: \_\_\_\_\_ Dates alias used: from \_\_\_\_\_ to \_\_\_\_\_

Volunteer Information

Address History

Address 1: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Address 2: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Address 3: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Address 4: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

<div>Volunteer Transportation Center Voucher</div> <div>voucher@volunteertransportation.org</div> <div>stlvouchers@volunteertransportation.org</div>										<div>Office Use Only:</div> <div>DATE RECEIVED:</div>			
DRIVER (PRINT NAME):					DL #:					Plate#:			
TRIP 1										PICK UP TIME	APPT. DROP OFF TIME	RETURN PICK UP TIME	RETURN DROP OFF TIME
CLIENT NAME:			APPT. DATE: ____/____/____		PICKUP ADDRESS:								
CIN#:			APPT. TIME:		DESTINATION ADDRESS:								
ODOMETER	TO APPT.	START:		END:		TOTAL MILES _____				LOADED MILES (OFFICE ONLY) _____			
	FROM APPT.	START:		END:		TOTAL MILES _____							
TRIP 2										PICK UP TIME	APPT. DROP OFF TIME	RETURN PICK UP TIME	RETURN DROP OFF TIME
CLIENT NAME:			APPT. DATE: ____/____/____		PICKUP ADDRESS:								
CIN#:			APPT. TIME:		DESTINATION ADDRESS:								
ODOMETER	TO APPT.	START:		END:		TOTAL MILES _____				LOADED MILES (OFFICE ONLY) _____			
	FROM APPT.	START:		END:		TOTAL MILES _____							
TRIP 3										PICK UP TIME	APPT. DROP OFF TIME	RETURN PICK UP TIME	RETURN DROP OFF TIME
CLIENT NAME:			APPT. DATE: ____/____/____		PICKUP ADDRESS:								
CIN#:			APPT. TIME:		DESTINATION ADDRESS:								
ODOMETER	TO APPT.	START:		END:		TOTAL MILES _____				LOADED MILES (OFFICE ONLY) _____			
	FROM APPT.	START:		END:		TOTAL MILES _____							
DRIVER ATTESTATION					DRIVER COMMENTS								
<div>I attest that these trips were completed as state above.</div> <div>Signature: _____</div> <div>Date: _____</div>					<div>Attach receipts and tolls.</div>								

## **ACH CREDIT AUTHORIZTION**

(To Single Account)

I(we) hereby authorize Volunteer Transportation Center, Inc., hereinafter called COMPANY, to initiate credit entries to my (our) account indicated below and the financial institution below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

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(Financial Institution Name)

(Branch)

---

(Address)

(City/State)

(Zip)

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(Routing Number)

(Account Number)

Type of Account (check one): \_\_\_\_\_ Checking \_\_\_\_\_ Savings

This authority is to remain in full force and effect until COMPANY has received written notification from me ( or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

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(Print Individual Name)

(Signature)

(Date)

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM**