



**Volunteer
Transportation
Center, Inc.**

Main Office: 24685 Route 37 Watertown, New York 13601

Jefferson (315) 788-0422 Lewis (315) 376-3777

St. Lawrence (315) 714-2034 Genesee (585) 250-5030

Erie (716) 713-0611

Become a Volunteer Driver—Today!

Becoming a Volunteer Driver is rewarding. You meet friendly people, experience the gratification of assisting someone in need and are reimbursed for miles driven. As a Volunteer Driver you set your own schedule and have the flexibility of donating as much time as you are able.

To become a volunteer you must—

- Have a valid driver's license, clean driving record, valid registration and insurance
- Have patience and tolerance.
- Be fair, friendly, and accepting.
- Possess warmth and sensitivity with the ability to care.
- Consent to a background check

Interested? Simply complete the short application and return it to the VTC office in the county where you reside.

New Driver Application Checklist

- ☐ Jefferson County Department of Social Services Release Form
- ☐ Statewide Central Register Database Check Form (address history for the last 28 years)
- ☐ Driver Application
- ☐ Copy of your current driver's license
- ☐ Copy of your current car insurance
- ☐ Copy of your current registration
- ☐ Two letters of reference

Fax # (315) 788-8021



**Volunteer
Transportation
Center, Inc.**

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) 788-8021

Volunteer Driver Application

Full application available at VolunteerTransportationCenter.org

Driver Information		Check where you reside:				
		<input type="checkbox"/> Jefferson/Lewis <input type="checkbox"/> St. Lawrence <input type="checkbox"/> Genesee <input type="checkbox"/> Erie <input type="checkbox"/> Southern Tier				
Name:						
Date of birth: / /		SSN: - -		Driver's License ID#		DL Expiration: ____/____/____
Mailing address:						
City:		State:		ZIP Code:		
Home Phone:				Cell Phone:		
Physical address (if different):						
City:		State:		ZIP Code:		
Traffic Violations in the Last 3 Years? (attach a copy of a <u>valid</u> driver's license)						
◇ No		◇ Yes (please explain)				
Convicted of Misdemeanor(s), Felony(s), or other Crimes?						
◇ No		◇ Yes				
Date:		Violation:				
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	
Vehicle Information						
Attach copies of vehicle registration and current insurance card for each vehicle used for volunteering.						
Vehicle 1	Make/Model	Year 20_____	Insurance Expiration	Registration Expiration	Plate #	
Vehicle 2	Make/Model	Year 20_____	Insurance Expiration	Registration Expiration	Plate #	
<p>Please read the following statement. 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 liability only. 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:		

EMPLOYEE AGREEMENT AND CONSENT TO DRUG AND/OR ALCOHOL TESTING

The Volunteer Transportation Center is fully committed to a drug-free environment, which will enhance the safety and welfare of employees. It will increase overall productivity and the quality of service to the public. This will also assist in the preservation of property and equipment, promote public safety, and reduce absenteeism and accidents. Employees will receive the detailed policy at the time of their orientation.

Volunteer Transportation shall have the right to require an employee to submit to testing for drug and/or alcohol use as a continuing condition of working as the VTC deems necessary to the safe and efficient operation of the program. An employee who refuses to submit to drug and/or alcohol testing or who tests positive may be suspended from working pending further investigation and may be subject to discipline, up to and including immediate termination.

All alcohol and drug testing results and records are considered confidential and will not be used or disclosed in public or private proceedings except in proceedings or civil litigation where the results are relevant.

**EMPLOYEE AGREEMENT AND CONSENT TO
DRUG AND/OR ALCOHOL TESTING**

I hereby agree, upon a request made under the drug/alcohol testing policy of Volunteer Transportation to submit to a drug or alcohol test and to furnish a sample of my urine and or breath for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have the VTC and/or its company physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize the Company to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only duly-authorized Company officers, employees, and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make decisions and to respond to inquiries or notices from government entities.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT THE VOLUNTEER TRANSPORTATION CENTER WILL REQUIRE A DRUG SCREEN AND/OR ALCOHOL TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT, AND I AGREE TO SUBMIT TO ANY SUCH TEST.

Signature of Employee

Date

Employee Name

Program Director VTC

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, 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, 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 _____

www.VolunteerTransportationCenter.org



24685 State Route 37 Watertown, New York 13601
PO Box 515, 6587 US HWY 11 Canton, New York 13617
Jefferson (315) 788-0422 Lewis (315) 376-3777
St. Lawrence (315) 714-2034

New Driver Information

Volunteer Transportation Center, Inc.

The Volunteer Transportation Center, Inc. (VTC) is a 501c3 non-profit organization. Thanks to the work of our certified Volunteer Drivers, staff, Board of Directors and the generosity of our donors, the VTC provides essential rides to health and other destinations for residents of Jefferson, Lewis and St. Lawrence Counties who have no other transportation alternatives. Our goal is to make a difference in people's lives by giving access to the health care they need.

Name _____

Where are you from? _____

Where will you be driving? _____

Previously worked as/at _____

Interests/Hobbies _____

Family/Kids _____

What encouraged you to become a Volunteer Driver? _____

St. Lawrence County Department of Social Services Background Check Consent Form

St. Lawrence County Department of Social Services (STLDSS) requires that a background check be done on all individuals applying to transport clients to/from medical and/or service appointments. The following is a list of databases that will be checked:

I. Criminal Background

County criminal records shall include, but not be limited to, criminal records available through a county clerk's office, a county law enforcement office, a county jail or county court.

II. CLEAR Report

Used to verify addresses, driver licenses, motor vehicle registrations, criminal filings and sex offender registrations throughout the United States

III. New York State Office of Children and Family Services' Child Care Facility System

Reveals whether the applicant has been denied a NYS daycare license or registration or had a daycare license or registration revoked or suspended

IV. New York State Division of Criminal Justice Sex Offender Registry

Reveals if applicant is listed on the NYS Sex Offender Registry

V. Department of Motor Vehicles Used to verify address and driving record of applicant

VI. New York State Department of Corrections and Community Supervision Website

Used to verify criminal history and incarcerations of applicant

VII. Local Agency Child Welfare Database

Used to determine if the applicant has ever had parental rights terminated, had a child removed by court order under Article 10 of the Family Court Act, or been the subject of an indicated report of child abuse and/or maltreatment

By signing this form, you are acknowledging that you have read and understand the above information and that you give your permission for the release of records and information to/from St. Lawrence County Department of Social Services to/from the sources listed above. I understand that this information can be used to determine approval to transport STLDSS clients to/from medical and/or service appointments.

This release is to be in effect for 12 months from the date of signature. I am consenting to a photocopy of this authorization being used with the same authority as the original.

Driver Name (Printed)

Driver Signature

Date

Current Address

City/State

Zip Code