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.
# Volunteer Driver Application

Full application available at VolunteerTransportationCenter.org

<table>
<thead>
<tr>
<th>Driver Information</th>
<th>Check where you reside:</th>
<th>☐ Jefferson/Lewis ☐ St. Lawrence ☐ Genesee ☐ Erie ☐ Southern Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of birth:</td>
<td>/ /</td>
<td>SSN: - - - Driver's License ID#</td>
</tr>
<tr>
<td>Mailing address:</td>
<td></td>
<td>ZIP Code:</td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
<td>Cell Phone:</td>
</tr>
<tr>
<td>Home Phone:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical address (if different):</td>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Traffic Violations in the Last 3 Years? (attach a copy of a valid driver's license)</td>
<td>☐ No</td>
<td>☐ Yes (please explain)</td>
</tr>
<tr>
<td>Convicted of Misdemeanor(s), Felony(s), or other Crimes?</td>
<td>☐ No</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>Date:</td>
<td>Violation:</td>
<td></td>
</tr>
</tbody>
</table>

## Availability

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
</table>

## 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.

<table>
<thead>
<tr>
<th>Vehicle 1</th>
<th>Make/Model</th>
<th>Year</th>
<th>Insurance Expiration</th>
<th>Registration Expiration</th>
<th>Plate #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vehicle 2</td>
<td>Make/Model</td>
<td>Year</td>
<td>Insurance Expiration</td>
<td>Registration Expiration</td>
<td>Plate #</td>
</tr>
</tbody>
</table>

Please read the following statement. I acknowledge I will be reimbursed for distance traveled from my home and back to my home while driving scheduled 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.

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.

<table>
<thead>
<tr>
<th>Signature of applicant:</th>
<th>Date:</th>
</tr>
</thead>
</table>
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

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 ____________________

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 ___________

Address 1: __________________________________________ from ___________ to ___________
Address 2: __________________________________________ from ___________ to ___________
Address 3: __________________________________________ from ___________ to ___________
Address 4: __________________________________________ from ___________ to ___________
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? _____________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

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
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