



**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      Oswego (315) 714-9134

## 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

### New Driver Application Checklist

- ☐ Driver Application
- ☐ Copy of your current driver's license
- ☐ Copy of your current car insurance
- ☐ Copy of your current registration
- ☐ Background check consent form

#### Jefferson/Lewis/Oswego County ONLY

- ☐ Two letters of reference
- ☐ Department of Social Services Release Form
- ☐ Statewide Central Register Database Check Form (address history for the last 28 years)

Interested? Simply complete the short application and return it to the VTC office in the county where you reside. Or email [info@volunteertransportation.org](mailto:info@volunteertransportation.org)



24685 Route 37 Watertown, New York 13601 (315) 788-0422  
6587 Highway 11, PO Box 515 Canton, NY 13617 (315) 714-2034  
808 W. Broadway Fulton, NY 13069 (315) 714-9134

## Volunteer Driver Application

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

<b>Driver Information</b>		<b>Check where you reside:</b> <input type="checkbox"/> Jefferson/Lewis <input type="checkbox"/> St. Lawrence <input type="checkbox"/> Genesee <input type="checkbox"/> Erie <input type="checkbox"/> Southern Tier <input type="checkbox"/> Oswego			
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:	
<b>Traffic Violations in the Last 3 Years?</b> (attach a copy of a valid driver's license)					
<input type="checkbox"/> No		<input type="checkbox"/> Yes (please explain)			
<b>Convicted of Misdemeanor(s), Felony(s), or other Crimes?</b>					
<input type="checkbox"/> No		<input type="checkbox"/> Yes			
Date:		Violation:			
<b>Availability</b>					
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Sunday					
<b>Restrictions?</b>					
Are you able to help others in & out of vehicles?				<input type="checkbox"/> No	<input type="checkbox"/> Yes
Are you able to help with wheelchairs & walkers?				<input type="checkbox"/> No	<input type="checkbox"/> Yes
Are you able to help others in & out of buildings?				<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>Vehicle Information</b>					
Attach copies of vehicle registration and current insurance card for each vehicle used for volunteering.					
<b>Vehicle 1</b>	Make/Model	Year 20_____	Insurance Expiration	Registration Expiration	Plate #
<b>Vehicle 2</b>	Make/Model	Year 20_____	Insurance Expiration	Registration Expiration	Plate #
<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 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:		

# 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 \_\_\_\_\_

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**STATEWIDE CENTRAL REGISTER DATABASE CHECK**  
*Agency Use Only*

**SCR USE ONLY**

REQUEST I.D.:

**ALL INFORMATION MUST BE COMPLETE. PLEASE PRINT OR TYPE**

AGENCY CODE:	RESOURCE I.D. (RID)	CHILD CARE FACILITY SYSTEM (CCFS) NUMBER:	CATEGORY USE ALPHA CODE:	PHONE NUMBER (Area Code): (   )   -
PRINT BELOW THE ADDRESS ASSOCIATED WITH YOUR RID/CCFS NUMBER:  <b>AGENCY NAME:</b> _____  <b>AGENCY LIAISON:</b> _____  <b>STREET ADDRESS:</b> _____  <b>CITY:</b> _____ <b>STATE:</b> _____ <b>ZIP CODE:</b> _____			The particular classifications of persons who must or may be screened are set forth on the reverse side of this document. The alpha codes to complete the "Category" box above are also on the reverse side of this form  <b><u>FOR ALL CATEGORIES:</u></b> Complete the following for yourself, your spouse, your children and any other person(s) in your home at the present time. <b>MAKE SURE YOU COMPLETE ALL MAIDEN NAME/ALIAS/MARRIAGE SECTIONS THAT APPLY. IF NONE, STATE "NONE" List RELATIONSHIP in the fields below</b>  <i>(see reverse side for instructions) Attach additional page if necessary.</i>	

The purpose of collecting the demographic data on *other persons in your household* who are not screened pursuant to Section 424-a of the Social Services Law is to enable the N.Y.S. Office of Children and Family Services to identify with the greatest degree of certainty whether the person(s) being screened is the subject of an indicated child abuse or maltreatment report. The utilization of this information in a discriminatory manner is contrary to the Human Rights Law.

**APPLICANT/HOUSEHOLD MEMBER AREA****\*PLEASE TYPE OR PRINT CLEARLY**
☐ **IF THERE ARE NO OTHER HOUSEHOLD MEMBERS, PLEASE CHECK THIS BOX.**

RELATIONSHIP TO APPLICANT	LAST NAME	FIRST NAME	SEX M/F	DATE OF BIRTH
APPLICANT				
APPLICANT MAIDEN/ALIAS/MARRIED NAME				

Please provide your current address and any other addresses at which you have resided for the last 28 years, including street, city and state. For Adoption, Foster Care, Family and Group Family Day Care, also include the same address history for household members 18 of age and older.

CURRENT STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM (Mo/Yr) /	TO (Mo/Yr) /
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM (Mo/Yr) /	TO (Mo/Yr) /
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM (Mo/Yr) /	TO (Mo/Yr) /
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM (Mo/Yr) /	TO (Mo/Yr) /
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM (Mo/Yr) /	TO (Mo/Yr) /

I affirm that all the information provided on this form is true to the best of my knowledge. I understand that if I knowingly give false statements, such action could be grounds for denial or dismissal from employment or denial or revocation of a license, certificate, permit, registration or approval.

APPLICANT'S SIGNATURE	DATE / /
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APPLICANT'S SIGNATURE	DATE / /
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**EIGHTEEN YEARS OLD OR OVER:**

I understand that as a person eighteen-years of age or over in a home of an applicant to become an Adoptive or a Foster Parent or a Family or Group Family Day Care provider, the information I have provided will be used to inquire of the Statewide Central Register to determine if I am the subject of an indicated report of child abuse or maltreatment.

SIGNATURE	DATE / /
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SIGNATURE	DATE / /
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STAPLE TO LDSS-3370 (IF NEEDED)

**STATEWIDE CENTRAL REGISTER DATABASE CHECK FORM**  
**ADDITIONAL PAGE**

**(Use only if the space on the LDSS-3370 form is not sufficient)**

**APPLICANT NAME:** \_\_\_\_\_

**Print clearly, all dates must be consecutive (*mo/yr*). Be sure to associate address histories with particular individuals.**

[illegible]

NYS Justice Center for the  
Protection of People with  
Special Needs  
(Justice Center)  
Criminal Background Check Unit  
161 Delaware Avenue  
Delmar, NY 12054  
Fax: 518-549-0464

**Request for Staff Exclusion List  
Check Form**



The Justice Center maintains a Vulnerable Persons Central Register (VPCR) that includes a Staff Exclusion List (SEL) containing the names of individuals who have committed serious acts of abuse and are deemed ineligible to work in a position involving regular and substantial contact with a service recipient. Providers must request the Justice Center to conduct a check of the SEL before determining whether to hire or otherwise allow "any person" to have regular and substantial contact with a service recipient. "Any person" can include an employee, administrator, consultant, intern, volunteer, or contractor.

**Instructions:**

1. The provider's Authorized Person must complete this form and fax it to the Justice Center's Criminal Background Check (CBC) unit for an applicant under serious consideration to be hired or otherwise permitted to have regular and substantial contact with a service recipient.
2. The Justice Center's CBC unit will send the Authorized Person an email indicating the results of the SEL check.
3. If the Applicant is on the SEL, he or she may not be hired in a position involving regular and substantial contact with a service recipient in a facility or provider agency defined in Social Services Law §488(4) or by other providers of services in programs licensed or certified by the Office of Mental Health, Office for People With Developmental Disabilities, Office of Alcohol and Substance Abuse Services, Office of Children and Family Services, Department of Health and State Education Department.
4. If the Applicant is on the SEL, certain other providers have discretion whether to hire the individual as provided in Social Services Law §495(3).
5. If the Applicant is not on the SEL, a criminal background check through the Justice Center, if required, and an inquiry of the Statewide Central Register of Child Abuse and Maltreatment through the Office of Children and Family Services, if required, must be conducted.

**Part 1. Applicant Information (Please Print)**

Last Name:		First Name:	MI:
Date of Birth:	Social Security Number:		Alien Reg#:
Applicant address:		Applicant type:	
Facility/Provider Name: Address:			
State Oversight Agency: OMH OPWDD OCFS DOH SED OASAS			<u>Please circle appropriate agency(ies)</u>

**Part 2. Authorized Person Information** Please print clearly

Name: (Please Print)		Email:
Signature:		Phone:
Facility/Provider name:		Address: