



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 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

**Note: You can also visit 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 x124.

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 1/1/24 your car must be a 2010 or newer and must have a New York State license plate)
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

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>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. 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:		

Background Check Authorization

Authorization: By signing below, you authorize: (a) Unique Background Solutions to request information about you from any public or private information source; (b) anyone to provide information about you to Unique Background Solutions; (c) Unique Background Solutions to provide us Volunteer Transportation Center Inc. (VTC) one or more reports based on that information; and (d) us to share those reports with others for legitimate business purposes related to your employment, volunteering or other business purpose. Unique Background Solutions may investigate your criminal record, address history, social security number validity, **criminal background** record, driving record and any other information with public or private information sources. This authorization may also include consenting for drug testing. You acknowledge that a fax, image, or copy of this authorization is as valid as the original. You make this authorization to be valid for as long as you are an applicant or employee with us.

The Consumer Financial Protection Bureau's "Summary of Your Rights under the Fair Credit Reporting Act" is attached to this authorization. By signing below, you acknowledge receipt of these documents.

Personal Information: Please print the information requested below to identify yourself for Unique Background Solutions.

Printed Name: (first) _____ (middle) _____ (last) _____

Other Names (alias, maiden, etc....): _____

Date of Birth: ___/___/____ **Social Security Number:** ____-____-____

Driver's License Number: _____ **State:** _____ **Phone:** _____

10 years of Address History:

_____	<u>current</u>	_____	_____
From (mo/yr)	To (mo/yr)	Street	City/State/Zip
_____	_____	_____	_____
From (mo/yr)	To (mo/yr)	Street	City/State/Zip
_____	_____	_____	_____
From (mo/yr)	To (mo/yr)	Street	City/State/Zip

Some government agencies and other information sources require the following information when checking for records. Unique Background Solutions will not use it for any other purposes.

Signature

Date