

ADDISON COUNTY TRANSIT RESOURCES VOLUNTEER APPLICATION

Name:	Phone:	Cell:
Street:	Town:	Zip:
Driver's License #:	Mailing address if different:	

Employment History

Previous Employer #1		
Company:		Phone:
Address:	Town:	Zip:
Position:	From:	To:
Reason for leaving:		

Previous Employer #2		
Company:		Phone:
Address:	Town:	Zip:
Position:	From:	To:
Reason for leaving:		

Driving Record

Special Certificates; i.e. FA/CPR, CDL, Passenger Endorsement, Defensive Driving, other:

_____ Date: _____

Have you ever been denied a license, privilege or permit to operate a motor vehicle? Yes No
 Has any license, permit or privilege ever been suspended or revoked? Yes No
 How many years have you been driving? _____

(continued...)

Out of State Addresses

Please list below any out-of-state addresses where you have lived.

Address:
Dates at this address:
Did you have a driver's license in this state?

Address:
Dates at this address:
Did you have a driver's license in this state?

Please continue on a separate sheet of paper if necessary.

Note: ACTR may require you to provide a copy of your complete driving record from these states. If ACTR requires these documents, ACTR will reimburse the cost of record.

References

Name 1:
Address:
Phone:

Name 2:
Address:
Phone:

Name 3:
Address:
Phone:

This certifies that this application was completed by me and all entries and information on it are true and complete to the best of my knowledge.

Signed _____ Date _____

ACTR VOLUNTEER DRIVER JOB DESCRIPTION

POSITION TITLE: Volunteer Driver

REPORTING TO: Program Manager

PURPOSE OF JOB: To safely transport residents of Addison County to necessary services.

DUTIES OF POSITION:

- To be a safe, responsible driver and follow Vermont State laws of the road.
- To meet trip requests promptly as agreed upon.
- To call immediately if unable to keep an assigned trip.
- To report any problems regarding a transportation assignment immediately.
- To be physically able to assist people to/from their door who are in wheelchairs, use walkers and/or need support.
- To advise Dispatch of any reasons that you are unable to drive on a particular day(s)/time(s).
- To exercise good customer service skills.
- To report concerns about health/wellbeing of clients.
- Complete paperwork accurately and timely.
- Annually complete background check paperwork.

JOB QUALIFICATIONS:

- Must have valid Vermont driver’s license and clean driving record (records will be checked).
- Must have vehicle liability insurance policy at \$100,000 per incident/\$300,000 per accident.
- Must maintain vehicle in good, safe working condition and free of internal debris.
- Must have access to a phone.
- Must have and use seat belts. Must require use of car seats for infants and toddlers provided by the client. Must require infants/toddlers and children to ride in the rear seat.
- For the purpose of reimbursement, volunteer status begins at the time the volunteer leaves his/her home or other point of dispatch.

COMMITMENTS:

- Must enjoy being with people and have desire to help with transportation of individuals with needs for special transportation
- Must follow Volunteer Statement of Understanding.

JOB BENEFITS:

- Satisfaction of working with persons in need.
- Reimbursement for mileage at the state’s current rate and other out-of-pocket expense approved for specific trips.
- Medical insurance coverage for “out of vehicle” medical issues related to transporting clients.
- Automobile insurance coverage over and above the policy amount carried by the volunteer.
- Reduced price on gas at Champlain Valley Plumbing and Heating.

Volunteer signature _____ Date _____

Printed Name _____

ACTR Representative _____ Date _____



VOLUNTEER DRIVER STATEMENT OF UNDERSTANDING

The purpose of the volunteer driver is to provide safe and reliable transportation to residents of Addison County to and from essential services (e.g. medical facilities, social services, nutrition sites, employment, etc.)

Volunteer drivers in this program drive their own vehicles and will be reimbursed for mileage at the current state rate and for any out-of-pocket expenses associated with the ride (e.g. tolls, parking fees, etc.) Only expenditures that have been authorized by ACTR will be considered for reimbursement. ACTR provides medical insurance for drivers in an “out of vehicle” incident and provides auto insurance over and above the coverage of the volunteer’s personal vehicle.

The client being transported by a volunteer driver is a person who has been determined by ACTR to have no appropriate means of personal transportation available or whose condition prohibits them from operating a motor vehicle.

The volunteer driver shall carry \$100,000 per person/\$300,000 per accident insurance with a minimum of \$10,000 property damage.

I understand that I must meet these standards for motor vehicle insurance and that my personal insurance is the primary liability protection and must be issued by a company authorized to do business in the State of Vermont. I agree to advise my insurance carrier of my participation in the ACTR Volunteer Driver Program.

I will provide ACTR with proof of coverage of my vehicle insurance by providing a copy of my vehicle insurance card as well as my insurance policy. In the event that my coverage changes or is cancelled, or I change vehicles, I will immediately notify ACTR of such changes or cancellations.

I have had a valid Vermont driver’s license for the past (5) years. I will provide ACTR with a copy of my valid driver’s license as well as the current registration for my vehicle(s). I understand that ACTR will be requesting a Department of Motor Vehicle check. I will notify ACTR immediately in the event that I am involved in a vehicle accident while driving for ACTR or of any traffic citation that I may receive while driving for ACTR or on my own time.

I am physically capable of driving my vehicle safely and will not drive while using any drug that may affect my driving ability, either prescription or “over the counter”. If requested, I will provide a statement from my physician stating that I am capable of driving.

I certify that my vehicle is mechanically sound with proper operating equipment including seat belts which I will use and enforce use by my passengers. Children age 12 and under will be placed in the rear seat of the vehicle in seat belts or child restraint seats for children under 3 years or 40 pounds provided by the client that are properly installed.

(continued...)

I agree to allow ACTR to check my background records through the appropriate forms required by the State of Vermont.

I agree to read the ACTR Volunteer Handbook and abide by the policies therein and to view a PASS (Passenger Assistance, Safety and Sensitivity) video within my first 60 days of volunteering for ACTR.

I will maintain all records required by ACTR. I will not accept tips from clients, but I will encourage clients to make any donation directly to ACTR.

I will protect the clients' right to confidentiality. I will also respect their right to pursue an independent lifestyle, and be non-judgmental in my interactions with them. I will not discriminate against any client.

I have been provided with information about ACTR, the purpose of the Volunteer Transportation Program and my role and responsibilities as a driver.

I will notify ACTR at the time I no longer wish to be involved in this program. Either ACTR or I may terminate this agreement at any time.

I have read and understand the conditions of the Volunteer Driver Statement of Understanding.

Volunteer signature _____ Date _____

Printed Name: _____

CONFIDENTIALITY AGREEMENT

Volunteers shall protect the privacy and dignity of participants in all ACTR programs. Any information, written or verbal, concerning program participants and their families that is acquired during the volunteer's affiliation with ACTR is considered to be confidential.

Information can be shared with outside agencies only with documented permission of the program participant or guardian unless this information directly pertains to the client's transportation. It is the expectation of ACTR that any volunteer that terminates their affiliation with the agency will continue to hold in confidence information obtained during the course of employment or volunteer affiliation. Failure to comply with expectations of confidentiality may result in corrective action including suspension or dismissal.

I, the undersigned, have received a copy of the ACTR confidentiality policy. I agree to adhere to the policy and all requirements set forth in this policy.

Volunteer signature _____ Date _____

Printed Name: _____



PROVIDE THIS FORM TO YOUR INSURANCE AGENT

Volunteer permission to share policy information

I am currently a Volunteer Driver for Addison County Transit Resources. I request that the below named insurance carrier advise ACTR as soon as possible if my automobile insurance policy is cancelled for any reason. This information should be provided in writing and can be faxed to ACTR at (802)388-1888 or mailed to:

ACTR
297 Creek Road
Middlebury, VT 05753

Thank you,

Volunteer signature _____ Date _____

Printed Name: _____

Insurance Carrier Info

Name:
Address:
Phone:

On behalf of the above named insurance carrier I will... I am unable to...
...notify ACTR as soon as possible should we cancel the automobile insurance policy of the Volunteer Driver named on this form.

Insurer signature _____ Date _____

Printed Name: _____



PROSPECTIVE VOLUNTEER BACKGROUND CHECK AUTHORIZATION

I understand that Addison County Transit Resources (ACTR) will conduct an investigation as to my submitted work history and verify all information provided by me with respect to my application to become an employee/volunteer of the organization. If hired/volunteering, this form will be signed annually to allow ACTR to do all of my background checks.

Accordingly, I hereby authorize such inquiries in connection with my employment/volunteer application by ACTR, and I understand these inquiries may include information as to my character, work habits, performance, experience and qualifications and any other information deemed necessary by ACTR to arrive at an employment/volunteer decision regarding me.

I understand that ACTR may request information from various Federal, State and other agencies that maintain records concerning my activities related to driving or criminal experiences. I hereby authorize any party or agency, including all current and/or former employers, to furnish this information to ACTR within a reasonable period of time to receive information as to the content, date and reporting entity of the reports mentioned in this paragraph.

I AGREE THAT ANY SUCH INFORMATION IS TO BE PROVIDED AT MY REQUEST AND FOR MY BENEFIT. I HOLD ANY PERSONS OR ORGANIZATIONS THAT RELEASE SUCH INFORMATION TO ACTR HARMLESS AND DO HEREBY RELEASE THEM AND ACTR FROM ANY AND ALL LIABILITY FOR DAMAGE OF ANY NATURE FOR FURNISHING ANY OF THE ABOVE MENTIONED INFORMATION.

I understand that, due to the sensitive nature of this position, ACTR must not employ individuals or choose volunteers “with a conviction of, for example, adult or child abuse, neglect or mistreatment”, or “who have been convicted of an offense for actions related to driving under the influence of alcohol or drugs or careless or reckless driving or multiple traffic infractions or *sounding* in the infliction of physical or mental injury to others or theft or misuse of funds or property”.

I understand that ACTR follows an “AT WILL” policy (either I or ACTR may end this employment/volunteer arrangement at any time, for any reason). I certify that all statements made by me regarding my application for employment/volunteering are true to the best of my knowledge and understanding that any falsification or omissions may result in the termination of this employment/volunteer driving arrangement. If selected, I will familiarize myself with and abide by all rules and regulations of ACTR as applied to its staff/volunteers.

Printed Name _____ Social Security # _____

Address _____

City/State/Zip _____

Signature _____ Date _____

**RELEASE/DISCLOSURE FOR EMPLOYMENT PURPOSES
NATIONAL BACKGROUND AND REFERENCE INVESTIGATION AUTHORIZATION**

As part of its due diligence procedures, Addison County Transit (hereafter referred to as "Company") requires that a background investigation be conducted. The objectives of the investigation are to verify information provided during the application process and identify any factors that might be inconsistent with Company employment requirements.

I, _____, give Company and/or Sure Hire permission and authority to conduct a due diligence investigation into my past and current activities. I understand and consent to an investigation that may include, but is not limited to, social security number verification, criminal records, motor vehicle driving record and other information contained in public records.

I authorize and request any Police Departments, States, Cities and Counties or any other Person to furnish Company and/or Stewart Business Information designees information concerning:

Criminal Record Social Security Number Information Driving Record

I hereby release all Persons, Companies, Corporations, Schools, or Individuals from all liability and responsibility that may result from providing Company and/or Stewart Business Information with such information as requested.

I understand that if hired, my employment is for no definite period of time, consistent with state law, and may be terminated with or without cause and with or without notice, at any time, at the option of either Company or myself. No employee representative, manager, official or supervisor of Company, other than the president or any vice president of Company, has any authority to enter into any agreement for employment for a specified period of time or make any agreement relative to employment that is contrary to the foregoing. Any such employment agreement will be in writing, signed by the designated officer and clearly specifying its term.

If I am not hired due to information contained in the background screen report, I will be notified in writing and a copy of the said report will be supplied to me with a written summary of my rights under the Fair Credit Reporting Act of 1970 as amended in 1996.

Applicant's Name	Social Security Number
Current Street Address	City, State and Zip Code
Driver's License Number State	** Date of Birth
Signature	Date

* **Subject to the Americans with Disabilities Act of 1990 (ADA).**
** **The Age Discrimination in Employment Act of 1967 (ADEA) prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.**

SURE HIRE clients are granted permission to make additional copies of this form.

Vermont Agency of Human Services

Adult Protective Services, 103 S. Main Street, Ladd Hall, Waterbury, VT 05671-2306

Child Protection Registry Unit, 103 S. Main Street, Waterbury, VT 05671-2401

CONSENT FOR RELEASE OF INFORMATION

PLEASE PRINT OR TYPE. THIS FORM WILL BE RETURNED IF ALTERED OR STAPLED.

If requesting information from both registries, please fill out one form and submit copies to each division

- I hereby request the Commissioner of the Department of Disabilities, Aging and Independent Living to release to me any information in the **Adult Abuse Registry** pursuant to 33 V.S.A. 6911(C)(3) involving the individual listed below in Section II.
- I hereby request information from the **Child Protection Registry** maintained by the Department for Children and Families.

Section I. Employer Requesting Registry Check

Employer name: Addison County Transit Resources

Employer address: 297 Creek Rd, Middlebury, VT 05753

Employer telephone number: (802)388-2287 Employer fax number: (802)388-1888

Employer email address: _____

I certify that this individual is a current employee, contractor or volunteer of this facility/agency or has been given a conditional offer of employment. I understand this information is only for the purposes of determining whether to hire or retain the individual to provide care, custody, treatment, transportation, or supervision of children or vulnerable adults.

(Authorized) Facility/Agency Signature Date

Note: if you are a regulated childcare provider in Vermont, this process does not apply to you.

Section II. Consent From Current or Prospective Employee, Contractor, or Volunteer

Full Name: _____ Gender: _____
(Type or Print Clearly)

Address (including City, State, Zip Code): _____

Phone number: _____ Birth Date: _____ Place of Birth: _____

Last four digits of social security number: XXX-XX-

Other names I have used, if any (including maiden name): _____
(Type or Print Clearly)

I hereby authorize release of any information of reports of abuse, neglect or exploitation substantiated against me and contained in the **Vermont Adult Abuse Registry** and/or the **Vermont Child Protection Registry** to the Owner/Operator of the above named facility/agency.

(Prospective) Staff, Contractor, or Volunteer Signature Date

Section III. Response from the Agency of Human Services (Office Use Only)

Vermont Adult Abuse Registry

Employee's name **not found** in registry ___ initials

Employee's name **found** in registry ___ initials

Vermont Child Protection Registry

Employee's name **not found** in registry ___ initials

Employee's name **found** in registry ___ initials

Nature of any finding: _____

Date of such finding: _____

Signature of Commissioner's Designee Date

**** **A self-addressed, stamped envelope must be included** ****



Vermont DMV Record Request

DEPARTMENT OF MOTOR VEHICLES
Agency of Transportation
dmv.vermont.gov

120 State Street
Montpelier, Vermont 05603-0001
802.828.2000

Requests for Vermont Department of Motor Vehicles records must be submitted on this form. This form may be photocopied for your convenience. The form must be completed in ink. Please print all information, except signatures, which must be written.

*** ALL APPLICABLE SECTIONS OF THIS FORM (FRONT AND BACK) MUST BE COMPLETED TO OBTAIN THE REQUESTED INFORMATION. ***

Requester Name:		DBA/Company:	
Addison County Transit Resources		ACTR	
Mailing Address:	Street/Box Number:	297 Creek Rd	
	City, State, Zip:	Middlebury, VT 05753	
Mail to (if different than above address):		Telephone Number:	
		(802) 388-2287	
<input type="checkbox"/>	Listings of 1 through 4 current or expired registrations – \$6.00	<input type="checkbox"/>	Certified copy of suspension notice – \$6.00
<input type="checkbox"/>	Listing of 1 through 4 current or expired operator's license – \$6.00	<input type="checkbox"/>	Certified copy of reinstatement notice – \$6.00
<input type="checkbox"/>	Certified copy of current or original registration application – \$6.00	<input type="checkbox"/>	Certified copy of title – \$6.00
<input type="checkbox"/>	Certified copy of expired operator's license application – \$6.00	<input type="checkbox"/>	Certified copy of vehicle title search, title info, lien info. – \$20.00
<input type="checkbox"/>	Certified copy individual accident report – \$10.00	<input type="checkbox"/>	Certified copy of vessel, snowmobile or ATV title search – \$13.00
<input type="checkbox"/>	Certified copy police accident report – \$15.00	<input type="checkbox"/>	Certified copy of 3 year operating record (Vermont only) – \$13.00
<input type="checkbox"/>	Insurance information of accident – \$6.00	<input type="checkbox"/>	Certified copy of complete operating record (Vermont only) – \$16.00
<input type="checkbox"/>	Statistics and research – \$35.00 per hour	<input type="checkbox"/>	Certified copy of proof of mailing – \$6.00
<input type="checkbox"/>	Periodic inspection sticker record – \$6.00	<input type="checkbox"/>	Certified copy of mail receipt – \$6.00
<input type="checkbox"/>	Lists of registered dealers, transporters, periodic inspection stations, rental vehicle companies, fuel dealers and distributors (including gallons sold or delivered) – \$6.00 per page		
<input type="checkbox"/>	Other – Write explanation on reverse side of this form. All other items of information requested will be furnished at a minimum charge of \$6.00.		

• DO NOT MAIL CASH! • Make check or money order payable (in U.S. funds only) to: VT DEPARTMENT OF MOTOR VEHICLES.

Rater #	FOR DEPARTMENT USE ONLY
	Audit Line: →

I am requesting information concerning:

VIN Number		Vehicle Make	Vehicle Year	VT License Plate #	Expiration Date	
Name			VT Driver License Number	Date of Birth		
Street/Box Number				Social Security Number		
City			State	Zip Code		
Date(s) you want covered, if applicable (does not apply to driving records)						
Month	Day	Year	Through	Month	Day	Year

AUTHORIZATION OF RELEASE OF INFORMATION

▼ I hereby, with my signature, authorize (print name of person or business you are authorizing):

Addison County Transit Resources

- To perform a one-time search of the VT Department of Motor Vehicles files (pertaining to me) and any resulting reports.
- To perform a one-time authorization to transact business (pertaining to me) with the VT Department of Motor Vehicles.

▼ Signature of individual authorizing release:

▼ Date authorization given:

Information requested (be specific, if necessary use separate sheet of paper):

The information requested may be disclosed if its use is authorized under the Driver Privacy Protection Act. The information being requested is:

<p>↓ You must initial inside the appropriate box(es)/category(ies) below:</p>	
	<p>1. For use by any government agency, including any court or law enforcement agency, in carrying out its functions, or any private person acting on behalf of a government agency in carrying out its functions. Appropriate documents identifying requester are required*.</p>
	<p>2. For use in connection with matters of motor vehicles or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, recalls, or advisories; performance monitoring of motor vehicles, motor vehicle parts, and dealers; motor vehicle market research activities, including survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers. <i>An explanation that details the reason(s) why you feel you qualify under this category must be attached to this document.</i></p>
<p>ACTR X</p>	<p>3. For use in the formal course of business by a legitimate business or its agents, employees, or contractors: a. To verify the accuracy of personal information submitted by the individual to the business or its agents, employees, or contractors; and b. If the information as so submitted is not correct or is no longer correct, to obtain the correct information, but only for the purposes of preventing fraud by, pursuing legal remedies against, or recovering on a debt or security interest against, the individual. Appropriate documents identifying requester are required*.</p>
	<p>4. For use in connection with any proceeding in any court or government agency or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of any court. <i>An explanation that details the reason(s) why you feel you qualify under this category must be attached to this document.</i></p>
	<p>5. For use in research activities, and for use in producing statistical reports, so long as the personal information is not published, re-disclosed, or used to contact individuals. <i>An explanation that details the reason(s) why you feel you qualify under this category must be attached to this document.</i></p>
	<p>6. For use by any insurer or insurance support organization, or by a self-insured entity, or its agents, employees, or contractors, in connection with claims investigation activities, antifraud activities, rating, or underwriting. Appropriate documents identifying requester are required*.</p>
	<p>7. For use in providing notice to the owner or lien-holder of a towed or impounded vehicle.</p>
	<p>8. For use by any licensed private investigative agency or licensed security service for any purpose permitted under this section. Appropriate documents identifying requester are required*.</p>
	<p>9. For use by an employer, of its agent or insurer, to obtain or verify information relating to a holder of a commercial driver's license which is required under the Commercial Motor Vehicle Safety Act of 1996 [Title XII of Public Law 99-570].</p>
	<p>10. For use in connection with the operation of private toll transportation facilities.</p>
	<p>11. For any use specifically authorized by law that is related to the operation of a motor vehicle or public safety. <i>An explanation that details the reason(s) why you feel you qualify under this category must be attached to this document.</i></p>
	<p>12. Unrestricted or specified use with written consent of the person who is the subject of the information. This includes information regarding oneself. ("Release portion" on other side of this form must be completed in full.)</p>

In requesting and using this information I acknowledge that this disclosure and any re-disclosure is subject to the Driver Privacy Protection Act (18 USC §2723). This is signed and the request made subject to the penalties of 18 USC §2723 and 23 VSA §202.

Signature of Requester:		Date:	
Driver License/Corporate Number of Requester:	03-0335768		

Upon receipt of this request by the Vermont Department of Motor Vehicles, it will be reviewed by the appropriate department personnel to determine whether this request conforms to (DPPA) protocol and requirements. Failure to meet these qualifications will result in a denial of your request.

* Appropriate documents identifying requester are **required**. You must include copies of your identification and documents verifying you are authorized to obtain this information. Failure to meet these qualifications will result in a denial of your request. If you are unsure what documents are required, call 802.828.2000

FOR DEPARTMENT USE ONLY – DO NOT WRITE ANYTHING BEYOND THIS POINT
<p>This request is hereby denied as the record(s) is/are exempt from inspection and copying for the following reason:</p> <p><input type="checkbox"/> They are records which, by law, are designated confidential or by a similar term.</p> <p><input type="checkbox"/> They are records which, by law, may only be disclosed to specifically designated persons.</p> <p>You have the right to appeal this denial to the Commissioner of Motor Vehicles (appeals must be submitted in writing).</p> <p>Vermont Department of Motor Vehicles: _____</p>