



Volunteer Driver Application

2662 Rt. 20 East (Unit 1)
 P.O. Box 430
 Cazenovia, NY 13035
 (315) 628-8372
 vtc@mcruralhealthcouncil.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)						
<input type="checkbox"/> No			<input type="checkbox"/> Yes			
Explanation:						
Convicted of Misdemeanor(s), Felony(s), or other Crimes?						
<input type="checkbox"/> No			<input type="checkbox"/> Yes			
Date:			Violation:			
Result:						
Availability						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Restrictions?						
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
References						
Please attach 2 personal <u>letters</u> of reference.			How did you learn about the VTC? <input type="checkbox"/> friend/family <input type="checkbox"/> advertisement <input type="checkbox"/> 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 GoMadisonNY VTC. My automobile insurance will remain in effect; GoMadisonNY VTC's insurance coverage is secondary. All requests for transportation will be screened and approved through the GoMadisonNY VTC. A Transportation Coordinator will contact you for specific dates and times. If accepted, you agree to abide by GoMadisonNY VTC guidelines, including completion of required vouchers indicating client and the miles driven. Vouchers will be provided by the GoMadisonNY VTC. The vouchers should be completed at the end of each run and turned in weekly to the GoMadisonNY 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 GoMadisonNY 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:		