

Volunteer Driver Application

Volunteer Driver Application Form

This application will be used to establish your eligibility as a volunteer driver for Valley Regional Transit. Information provided assures that you, this organization, and the public receive the highest standards of safety and accountability. Your interest and cooperation in this program is greatly appreciated. Please return this completed application to the program coordinator.

Full Name:		
Address:		
City:	State:	Zip:
<i>If less than 2 years at this address, previous address:</i>		
Phone:		E-mail:
Date of Birth:		Social Security Number: / /
Employer:		Job Title:
Work Address:		
City:	State:	Zip:
Supervisor:	Supervisor's Phone:	

Do you have a current and valid Idaho State Driver's License? <i>(please attach a copy)</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If no, please explain:</i>	
How long have you had a driver's license? <i>(Years)</i>	
Driver's License Number:	Expiration Date:
If licensed in Idaho less than five years, list licenses previously issued:	
<i>License Number/State:</i>	<i>License Number/State:</i>
Are there any restrictions on your driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If restricted, state type and date of restriction:</i>	
Have you ever had your driver's license suspended, revoked, or refused?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please explain:</i>	
Automobile Insurance Company <i>(please attach a copy of insurance card):</i>	
Has an insurance company ever refused, cancelled, non-renewed, or given notice of intention to non-renew automobile insurance to you? <input type="checkbox"/> No <input type="checkbox"/> Yes, Cancelled <input type="checkbox"/> Yes, Refused	
<input type="checkbox"/> Yes, Non-renewal	

Have you been convicted during the last 10 years of driving while intoxicated or under the influence of drugs? Yes No *If yes, please explain:*

Indicate any moving violations or citations (other than parking) during the past 3 years. Please provide details:

List all motor vehicle accidents that you were involved in during the last 5 years:

Have you driven a van before? Yes No
If yes, state for whom, when, where, how long:

This application process includes a criminal history background check, and/or verification of motor vehicle record as authorized by my signature below.

My signature below authorizes VRT to obtain, at its sole discretion, my employment and non-employment driving record, including all Department of Licensing actions that have taken place regarding the driver's license I now hold, have held, or in the future may obtain. It also authorizes VRT to conduct a criminal history background check from the source of its choice. I further agree to any other conditions described herein. This release continues in effect as long as I continue to serve as a VRT volunteer driver.

Signature:

Date:



VOLUNTEER DRIVER STATEMENT OF UNDERSTANDING:

The purpose of the Volunteer Driver program is to provide safe and reliable transportation to and from essential services for elderly and handicapped individuals with mobility issues (e.g. medical facilities, social services, nutrition sites, etc.)

Volunteer Drivers in this program may drive their own cars. Mileage reimbursement is calculated as follows:

- Only mileage authorized by VRT will be reimbursed. Pick up and drop off will be listed on Volunteer Driver's 'Scheduled Trips' manifest.
- *Going to* passenger destination: Mileage is calculated from Volunteer Driver's home address or previous passenger drop off location to passenger pick up location to passenger destination or drop off.
- *Returning from* passenger destination: Mileage is calculated from passenger pick up location to passenger's home address to Volunteer Driver's residence. Note: For a majority of Volunteer Driver trips, Volunteer Drivers wait for the passenger to complete his or her appointment alleviating unnecessary mileage between passenger drop off and passenger return trips. If no other passenger pick up is scheduled and the waiting time for a returning passenger exceeds two (2) hours, Volunteer Driver will be reimbursed for deadhead travel to and from his or her home address.
- Volunteer Drivers transporting passengers in a Valley Regional Transit (VRT) vehicle or van will receive reimbursement only from his or her home address to the VRT vehicle pick up location.

The rider being transported by a Volunteer Driver is a person who has been determined by VRT to have no appropriate means of personal transportation available.

The following minimum insurance coverage is required by the State of Idaho for your personal vehicle:

- \$25,000 bodily injury each person
- \$50,000 bodily injury each accident
- \$15,000 for property damage

Your insurance will be the primary coverage for your vehicle, yourself and passengers while driving for the Volunteer Program, Valley Regional Transit provides automobile liability insurance for the overall program which is in place as a secondary source of insurance if needed. It is your responsibility to contact your insurance carrier and make them aware that you will be using your vehicle for the Volunteer Program, Valley Regional Transit is not responsible for any charges or changes related to your personal auto policy or any damage that may occur to your personal vehicle.

As a Volunteer Driver:

I understand that I must meet these standards for motor vehicle insurance, policy or bond. My personal insurance is the **PRIMARY LIABILITY PROTECTION** and must be issued by a company authorized to do business in Idaho.

I will provide proof of coverage of my vehicle insurance. **In the event that my coverage changes or is canceled, I will immediately notify VRT of such changes or cancellations.**

I have had a valid driver's license for the past five (5) years. I will provide a copy of my valid driver's license. I understand that VRT will be requesting a State Patrol Identification History Check.

I have had no at-fault vehicle accidents in the past three years and agree to have VRT verify my driving record. I will notify immediately & provide VRT with a copy of:

1. A report in the event I am involved in a vehicle accident.
2. Any traffic citation that I may receive while this agreement is valid.

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

My vehicle is mechanically sound and is equipped with seat belts which I will use and enforce use by my passengers.

I will maintain all records required by VRT. I will not accept donations from riders, but will encourage riders to make any donation directly to VRT.

I will protect the rider's right to confidentiality. I will also respect their right to pursue an independent lifestyle, and be non-judgmental in my interactions with them.

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

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

I have read and understand the above statements.

Signed: _____ Date: _____



DISCLAIMER AND RELEASE AGREEMENT

This release and authorization acknowledges that we may now, or at any time while you are employed, or volunteering, conduct a verification of your motor vehicle records, and receive any criminal history record information pertaining to you that may be in the files of any federal, state, county, or local criminal justice agency and or other information as deemed necessary to fulfill the job requirements. The results of this verification process will be used to determine employment under employment policies. I hereby certify that the information provided by me for this purpose is true and complete to the best of my knowledge and understand that if I am accepted, **any false statements or omissions will be considered as cause for dismissal /removal.** I do hereby agree to forever release and discharge **Valley Regional Transit, Valley Regional Transit Contractors,** employees and any of it's agents to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses or any other complaint filed with an agency arising from the retrieving and reporting information to **Valley Regional Transit.**

**PLEASE COMPLETE THE INFORMATION BELOW
- PLEASE PRINT NEATLY -**

First Name: _____

Full Middle Name: _____

Last Name: _____

Alias/Married Last Names: _____

Drivers License #: _____

Soc. Sec. Number: _____ - _____ - _____

Date of Birth: _____ / _____ / _____

List your addresses for the last 10 (ten) years. Include the COUNTY, and dates from/to for each address. Please PRINT clearly.

Current Street address *City*

State *Zip* *County* *From/To*

Previous Street address *City*

State *Zip* *County* *From/To*

Previous Street address *City*

State *Zip* *County* *From/To*

FELONY OR MISDEMEANORS: YES NO PLEASE EXPLAIN:

All arrests, charges, convictions and non-convictions need to be listed here. List location (county) of charge and date of charge. Please do not leave anything out here and print clearly. It is important you fill in this section completely.

1. _____

2. _____

Printed Name of Applicant: _____

Signature of Applicant: _____

Today's Date: _____

Home Telephone Number _____



Confidentiality Agreement

I acknowledge that during the course of performing my assigned duties at Valley Regional Transit and/or The GoRide Volunteer Driver program I may have access to confidential health information and/or other personal protected information (PPI). I hereby agree to handle such information in a confidential manner at all times during and after my employment and commit to the following obligations:

- I will utilize confidential health information and/or PPI only in connection with and for the purpose of performing my assigned duties.
- I will request, obtain, or communicate confidential health information and/or PPI only as necessary to perform my assigned duties and shall refrain from requesting, obtaining, or communicating more confidential health information and/or PPI than is necessary to accomplish my assigned tasks.

I understand that the use and disclosure of health information and/or PPI is, under certain circumstances, governed by the rules and regulations established under HIPAA (Health Insurance Portability and Accountability Act of 1996.)

I also understand and agree that my failure to fulfill any of the obligations set forth in this Agreement may result in my being subject to appropriate disciplinary action, up to and including, termination of employment.

(Volunteer Driver print name & sign)

(date)

(GoRide Supervisor)

(date)

Driver Availability Form

Name: _____

Please check the boxes below for the days of the week you would be interested in volunteer driving, including weekends and holidays. If there are certain time periods in which you wish to volunteer, please note. If there are particular regular dates of the month you are not available then note them in the Comments section below.

Day of the Week	Yes	No	Restricted Times of the Day or Daylight Only
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Comments: _____

VRT attempts to estimate the approximate length of client appointments, but realize that doctors can request more tests or procedures. Please be patient and if you think that you are going to be short on time, do not accept the ride request.

Below, please list any trips that you may not be interested in accepting. Most client medical information is confidential. VRT is not routinely allowed to release the medical reason for appointments. The dispatch center will have this information. There may be some trips that you would prefer not to accept; for example, trips to dialysis, mental health appointments, family planning clinics (abortions), etc.) Please note if you feel uncomfortable transporting certain ages and/or persons of the opposite sex. Note if you are comfortable with using car seats and willing to be trained.

Name: _____ Signature: _____ Date: _____



Tertiary Paperwork

- Attain a copy of the Volunteer Driver's drivers license
- Copy of vehicle registration
- Copy of Insurance papers kept in glove box

Private Vehicle Registration:

Name: _____

Address: _____ Town: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Vehicle(s) #1 Make: _____ Year: _____ Air Bag/s: _____

Model: _____ Color: _____ Seating: _____

License #: _____

#2 Make: _____ Year: _____ Air Bag/s: _____

Model: _____ Color: _____ Seating: _____

License #: _____

Insurance Company: _____

Insurance Agent: _____

Address: _____ Town: _____ Zip: _____

Telephone: _____

I certify that I am currently insured through the above company for automobile liability insurance in an amount in excess of or equal to the minimum required under Idaho State law.

Further, I agree to forward a photocopy of my Proof of Insurance Card at each renewal period.

Further, I agree to immediately notify VRT in the event that the above liability insurance is revoked, cancelled or altered in such a manner as to no longer meet the minimum vehicle insurance requirements for the State of Idaho.

Further, I agree not to transport any passengers as part of the volunteer driver program if these minimums liability requirements are not met, or if my Idaho vehicle operator's license is not current and/or valid, or if the registration and license of the vehicle (s) I use to transport passengers is not current and/or valid.

Further, I certify that my vehicle(s) is in safe operating condition.

Further, I agree to hold harmless and indemnify VRT, the Manager, and the passenger(s) against any or all claims arising in full or in part from my negligence.

Further, I authorize VRT to make periodic checks of my driving and criminal record.

Signature: _____ Date: _____