

BECOME A

VOLUNTEER DRIVER

VOLUNTEER DRIVER PROGRAM APPLICATION

APPLICANT INFORMATION

NAME _____ DATE OF BIRTH _____

STREET ADDRESS _____

TOWN/CITY _____ ZIP _____

MAILING ADDRESS _____

TOWN/CITY _____ ZIP _____

HOME PHONE # _____ CELL PHONE # _____ EMAIL: _____

DO YOU CURRENTLY HAVE A VALID MAINE DRIVERS LICENSE? _____

MAKE OF VEHICLE: _____ MODEL: _____ COLOR: _____

EMERGENCY CONTACT: _____ PHONE: _____

APPLICANT HISTORY

HAVE YOU BEEN IN AN AUTOMOBILE ACCIDENT IN THE PAST 3 YEARS? _____

HAVE YOU BEEN CITED FOR A TRAFFIC VIOLATION IN THE PAST 3 YEARS? _____

HAVE YOU EVER BEEN ACCUSED OR CONVICTED OF A CRIME? _____

IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN INTERVIEWED OR INVESTIGATED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (OCFS) OR THE POLICE FOR CHILD ABUSE, SENIOR ABUSE AND/OR NEGLECT? _____

IF YES, PLEASE EXPLAIN: _____

DRIVING PREFERENCES

All ride assignments are optional—tell us how much or how little you want to volunteer.

ARE YOU COMFORTABLE DRIVING IN WINTER SNOW CONDITIONS? _____

ARE YOU ABLE TO DRIVE DURING DUSK/DAWN AND NIGHT HOURS? _____

ARE YOU ABLE TO ASSIST A PASSENGER TO AND FROM THE VEHICLE? _____

ARE YOU COMFORTABLE TRANSPORTING CHILDREN? _____

ARE YOU WILLING TO TRAVEL LONG DISTANCE SUCH AS BOSTON, AUGUSTA, OR BANGOR? _____

WHAT DAYS AND TIMES ARE YOU AVAILABLE TO TRANSPORT? (check all available times)

	Morning	Afternoon	Evening
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____
Saturday	_____	_____	_____
Sunday	_____	_____	_____

PUBLIC INTEREST INFORMATION

PLEASE BRIEFLY DESCRIBE WHY YOU WISH TO BECOME A VOLUNTEER DRIVER:

HOW DID YOU LEARN ABOUT YCCAC'S VOLUNTEER DRIVER PROGRAM?

APPLICANT AUTHORIZATION

To become a volunteer driver, you will need to provide a valid driver's license, up-to-date auto insurance (with a good driving record), and complete a full background check. Your Transportation Agency will contact you for this information upon processing your initial application.

For the safety and well being of all Transportation Agency clients and staff, we require that all potential community volunteer drivers agree to the following:

I hereby grant YCCAC the permission to contact the references I have given below, and also grant such references permission to speak truthfully and in detail about me.

REFERENCES

Please provide the names, daytime telephone numbers and **mailing addresses** of three (3) references who are not related to you.

1. NAME _____
DAY PHONE _____
MAILING ADDRESS _____
2. NAME _____
DAY PHONE _____
MAILING ADDRESS _____
3. NAME _____
DAY PHONE _____
MAILING ADDRESS _____

APPLICANT AUTHORIZATION

I hereby grant my Transit Agency permission to investigate my personal history through any investigative agencies or bureaus of their choice in order to obtain verification in the following:

**ADULT ABUSE REGISTRY
CHILD ABUSE REGISTRY
MAINE CRIMINAL RECORD CHECK
NATIONAL CRIMINAL RECORD CHECK
MOTOR VEHICLE INSPECTION
DRIVER LICENSE CHECK**

Signature

Date

Name (printed)

THANK YOU FOR SUPPORTING YOUR TRANSIT AGENCY AND THE COMMUNITIES IN WHICH WE SERVE.