

Fall 2021

Dear Friends,

Madison County Office for the Aging, Inc., and Volunteer Transportation Center, Inc. (VTC) are excited to announce a new partnership in Madison County assisting seniors. This new collaboration will provide transportation to seniors age 60 and older to medical appointments and food sources.

Our kick-off was September 15, 2021, and it was a success!

Our volunteer drivers are fully vetted through a reputable background check company and oriented to provide top notch customer service. Each volunteer uses their own vehicle and receives \$0.445 per mile for each trip completed.

Currently we have an amazing group of 10 volunteers, however, we are seeking a few more friends to assist with our mission. Attached you will find a volunteer application packet...if you are interested in helping, complete the packet and get it back to us at your leisure.

Have questions or want to know more? Please call us at (315) 628-8372 or email [jene@volunteertransportation.org](mailto:jene@volunteertransportation.org).

We look forward to serving our friends in Madison County!

Yours in Community Spirit,



**Jennifer Cross-Hodge**

*Development Director*

Volunteer Transportation Center



24685 Route 37 Watertown, New York 13601  
(315) 788-0422 Fax (315) 788-8021

3 Commerce Place, Canton, NY 13617  
(315) 714-2034 Fax (315) 788-8021

808 W. Broadway, Fulton, NY 13069  
(315) 714-9134 Fax (315) 788-8021

## Volunteer Driver Application

Full application available at [VolunteerTransportationCenter.org](http://VolunteerTransportationCenter.org)

Driver Information		Check where you reside: <input type="checkbox"/> Jefferson/Lewis <input type="checkbox"/> St. Lawrence <input type="checkbox"/> Genesee <input type="checkbox"/> Erie <input type="checkbox"/> Southern Tier <input type="checkbox"/> Oswego <input type="checkbox"/> Madison				
Name:						
Date of birth:    /    /	SSN:    -    -	Driver's License ID#		DL Expiration: ____/____/____		
Mailing address:						
City:	State:	ZIP Code:				
Home Phone:		Cell Phone:		<input type="checkbox"/> Android <input type="checkbox"/> Apple		
Physical address (if different):						
City:	State:	ZIP Code:				
Traffic Violations in the Last 3 Years? <b>(attach a copy of a valid driver's license)</b>						
◇ No		◇ Yes (please explain)				
Convicted of Misdemeanor(s), Felony(s), or other Crimes?						
◇ No		◇ Yes				
Date:		Violation:				
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	
Vehicle Information						
Attach copies of vehicle registration and current insurance card for each vehicle used for volunteering.						
Vehicle 1	Make/Model	Year 20_____	Insurance Expiration	Registration Expiration	Plate #	
Vehicle 2	Make/Model	Year 20_____	Insurance Expiration	Registration Expiration	Plate #	
<p><b>Please read the following statement.</b> 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 liability only. 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:			

# Volunteer Background Report Disclosure and Authorization

Authorization to Obtain Background Check

Volunteer Transportation Center, Inc. may obtain from Verified Volunteers, 113 South College Avenue, Fort Collins, CO, 80524, (855) 326-1860. [www.verifiedvolunteers.com](http://www.verifiedvolunteers.com), a report ("REPORT") that contains background information about you in connection with volunteerism. Verified Volunteers may obtain further reports throughout your volunteerism so as to update your report without providing further disclosure or obtaining additional consent.

The REPORT may contain information about your character, general reputation, personal characteristics and mode of living. The REPORT may include, but is not limited to, criminal and other public records and history; public court records; motor vehicle and driving records; and Social Security verification and address history, subject to any limitations imposed by applicable federal and state law. This information may be obtained from public record and private sources, including government agencies and judicial records, and other sources.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Disclosure Regarding Background Report

I have read the above disclosure provided by Volunteer Transportation Center, Inc. and this Authorization to Obtain Volunteer Background Report. By my signature below, I hereby consent to the preparation by Verified Volunteers, a reporting agency located at 113 South College Avenue, Fort Collins, CO, 80524, (855) 326-1860, [www.verifiedvolunteers.com](http://www.verifiedvolunteers.com), of background reports regarding me and the release of such reports to the VTC and its designated representatives, to assist the VTC in making a volunteer decision involving me at any time after receipt of this authorization and throughout my volunteerism, to the extent permitted by law. To this end, I hereby authorize, without reservation, any state or federal law enforcement agency or court, educational institution, motor vehicle record agency, or other information service bureau or data repository, to furnish any and all information regarding me to Verified Volunteers and/or the VTC itself, and authorize Verified Volunteers to provide such information to the VTC. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Driver's License State: \_\_\_\_\_

Other Names Used (alias, maiden name, etc.):

Alias: \_\_\_\_\_ Dates alias used: from \_\_\_\_\_ to \_\_\_\_\_

Alias: \_\_\_\_\_ Dates alias used: from \_\_\_\_\_ to \_\_\_\_\_

Alias: \_\_\_\_\_ Dates alias used: from \_\_\_\_\_ to \_\_\_\_\_

Alias: \_\_\_\_\_ Dates alias used: from \_\_\_\_\_ to \_\_\_\_\_

Volunteer Information

Address History

Address 1: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Address 2: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Address 3: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Address 4: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

# **Attach your information here:**



NYS Driver's License



Vehicle Registration



Vehicle Insurance

If you have 2  
vehicles to place on  
your profile, please  
attach a second  
sheet.

**Mail to:** VTC, 24685 State Route 37, Watertown, NY 13601

**Fax:** (315) 788-8021

**Email:** [jen@volunteertransportation.org](mailto:jen@volunteertransportation.org)