

## Volunteer Driver Position Description

### **Main Duty :**

Drive ITN customers (seniors and people with visual impairments) wherever they want to go within the service area. Medical appointments, shopping, and to visit friends are frequent destinations.

### **Time Frame :**

*Length of Commitment :* One year, three hours/month (more if possible).

*Schedule:* Flexible. We will accommodate you.

### **Qualifications Sought :**

1. Valid driver's license and three years driving experience.
2. Acceptable record of safe driving (no moving violations for three years) and clean criminal history check.
3. Proof of liability insurance for vehicle.
4. Current registration and inspection sticker on vehicle, if applicable.
5. Personal references from three non-relatives.

### **Benefits :**

1. Make a difference in someone's life.
2. See the face and hear the voice of the person you are helping.
3. Meet other community-minded people.
4. Learn community history from the people who lived it.
5. Receive training. Build your resume.
6. Receive mileage reimbursement for occupied miles.
7. Earn ITN transportation credit for unoccupied miles for yourself or someone special to you.
8. Receive discounts from area merchants.
9. Volunteers receive all the benefits of membership for themselves and a membership to give away.
10. Invitations to volunteer appreciation events.

**Responsibilities :**

1. Maintain an insured, registered, and inspected vehicle, and inform the ITN office in writing of any changes to your motor vehicle record or insurance policy (i.e. accidents and moving violations).
2. Provide safe, clean, comfortable transportation.
3. Be on time.
4. Report your mileage.
5. No smoking during the entire shift.
6. Do not consume alcohol or take prescription drugs that will affect your ability to drive before your shift.
7. Wear your ID tag and have the ITN placard visible in your car's side window.
8. Maintain a professional relationship with the ITN customer. It is inappropriate to request favors or accept gifts or tips from customers. Customers may make a donation in your name to ITN if they wish to thank you.
9. Call the dispatch office with any changes (i.e. running late, making an unscheduled stop, inability to do a scheduled ride).
10. Maintain confidentiality. Please do not share personal information. A professional manner is absolutely necessary.

## Volunteer Driver Application

**ITNAmerica respects your privacy and will keep all volunteer information confidential. Personal information is used for aggregate reporting purposes only, to enable group distribution comparisons across affiliates and between the ITNA volunteer population and the US older population in general.**

Name : \_\_\_\_\_ Gender : Male :  Female :

Email : \_\_\_\_\_

Address : \_\_\_\_\_

Telephone (H) : \_\_\_\_\_ (W) : \_\_\_\_\_ (Cell) : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Driver's License Number : \_\_\_\_\_ State : \_\_\_\_\_ Expires : \_\_\_\_\_

**Emergency Contact :**

Name	Relationship	Street Address

City	State/Zip	Phone

\_\_\_\_\_

Email Address

**Driving :**

Years of Driving Experience : \_\_\_\_\_ Estimated miles driven last year : \_\_\_\_\_

When was the last time your vision was examined ? \_\_\_\_\_

Is your vision adequate for driving ? \_\_\_\_\_

Please list any limitations

**Employment :**

Current Employment : None  Full-time  Part-time  Between jobs  Retired

Occupation(s) \_\_\_\_\_

**References :**

Have you had any past criminal convictions, or do you have any charges pending against you in a court of law ?

\_\_\_\_\_

Have you been convicted of any moving violations in the past three years ? \_\_\_\_\_

\_\_\_\_\_

Please list three people not related to you, whom you have known for at least one year:

#1	Name	Phone (or Mailing Address)	How acquainted	# years
#2	Name	Phone (or Mailing Address)	How acquainted	# years
#3	Name	Phone (or Mailing Address)	How acquainted	# years

This information is correct to the best of my knowledge. I give the Independent Transportation Network permission to check on this information, and to contact references.

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

**Volunteering for ITN :**

Do you have any prior affiliation with the ITN ? \_\_\_\_\_

How did you learn about the ITN ? \_\_\_\_\_

What specifically led you to volunteer for the ITN ? \_\_\_\_\_

What, if any, volunteer work have you done before ? \_\_\_\_\_

Please rank your reasons for wanting to drive for the ITN, with " 1 " the most important reason, and " 6 " being the least :

- |                           |                            |
|---------------------------|----------------------------|
| Serve the community _____ | Additional income _____    |
| Enjoy Driving _____       | Something to do _____      |
| Help elderly people _____ | Enjoy elderly people _____ |

**Education :**

Highest grade / degree completed \_\_\_\_\_

First aid training, if any \_\_\_\_\_

**Ethnic Background :**

African American  Asian  Caucasian  Hispanic/Latino   
Hawaiian/Pacific Islander  Native American/Alaska Native  Others (Specify) : \_\_\_\_\_

**Civic Engagement :**

Are you a member of any of the following organizations ?

AARP  AAA  Elks  Kiwanis  Knights of Columbus   
Masons/Eastern Star  Rotary  Others (Specify) : \_\_\_\_\_

Are you a member of any professional organizations or labor unions ?

Please list \_\_\_\_\_

Have you ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard?  Yes  No

**Volunteer Driver Weekly Schedule :**

ITNStCharles will work with your schedule. We provide transportation 24 hours a day 7 days a week.

How many days of the week are you willing to drive ? \_\_\_\_\_

How much time are you willing to drive on any given day ? \_\_\_\_\_

What hours are you available on these days ?

Monday : \_\_\_\_\_ Tuesday : \_\_\_\_\_  
Wednesday : \_\_\_\_\_ Thursday : \_\_\_\_\_  
Friday : \_\_\_\_\_ Saturday : \_\_\_\_\_  
Sunday : \_\_\_\_\_

Each week the dispatcher contacts volunteers to provide the names, times, and directions for your rides.



Dignified transportation for seniors

## Authorization to Request Driver Record

Name (please print full name) : \_\_\_\_\_  
First Middle Last

Previous/maiden name (if applicable) : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Driver's License Number : \_\_\_\_\_  
Month Day Year

I authorize ITNStCharles to request and receive my Driving Record from \_\_\_\_\_  
( Insert State Dept Name )

I certify that I have not been convicted or forfeited bond or collateral because of a moving violation during the last three years.

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

## Authorization to Request Criminal History Record

This authorization is required to check your Criminal History Record from \_\_\_\_\_  
( Insert State Dept Name )

Please fill in your complete name (please include any previous names used) and include date of birth, then sign below.

Name (please print full name) : \_\_\_\_\_  
First Middle Last

Previous/maiden name (if applicable) : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

I authorize Independent Transportation Network® to request and receive any and all criminal history information about me held by the State Bureau of Identification.

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

## Vehicle Description Information

Your name : \_\_\_\_\_  
First Middle Last

Vehicle owner's name (if you are not the owner) : \_\_\_\_\_

Street address, town, and phone number of vehicle owner (if you are not the owner) :  
 \_\_\_\_\_

**Vehicle Description :** (if more than one vehicle will be used for transporting ITN customers, please write the same information for each on the back of this form)

Make : \_\_\_\_\_ Model : \_\_\_\_\_ Type : \_\_\_\_\_ Year : \_\_\_\_\_

Plate # : \_\_\_\_\_ Color : \_\_\_\_\_ Number of doors : \_\_\_\_\_

Registration expiration date : \_\_\_\_\_ Inspection expiration date : \_\_\_\_\_

Insurance company : \_\_\_\_\_

Agent : \_\_\_\_\_

Address : \_\_\_\_\_

Phone : \_\_\_\_\_ Are you able to transport a folding walker or wheel chair? \_\_\_\_\_

Please describe the general condition of the vehicle(s) and any known defects :  
 \_\_\_\_\_  
 \_\_\_\_\_

Passenger capacity (less driver): \_\_\_\_\_

Do you have a large trunk? \_\_\_\_\_

Are you willing to transport properly restrained pets? \_\_\_\_\_

Covered truck bed? \_\_\_\_\_

**Please check one of the following :**

\_\_\_\_\_ This is the only vehicle I will be using for ITN .

\_\_\_\_\_ I will be using more than one vehicle for ITN .

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 ITN Representative Signature

\_\_\_\_\_  
 Date

## 2nd Vehicle Description Information

Vehicle owner's name (if you are not the owner) : \_\_\_\_\_

Street address, town, and phone number of vehicle owner (if you are not the owner) :  
\_\_\_\_\_

**Vehicle Description :** (if more than one vehicle will be used for transporting ITN customers, please write the same information for each on the back of this form)

Make : \_\_\_\_\_ Model : \_\_\_\_\_ Type : \_\_\_\_\_ Year : \_\_\_\_\_

Plate # : \_\_\_\_\_ Color : \_\_\_\_\_ Number of doors : \_\_\_\_\_

Registration expiration date : \_\_\_\_\_ Inspection expiration date : \_\_\_\_\_

Insurance company : \_\_\_\_\_

Agent : \_\_\_\_\_

Address : \_\_\_\_\_

Phone : \_\_\_\_\_

Please describe the general condition of the vehicle(s) and any known defects :  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_