



STAGECOACH

P.O. Box 356 Randolph, Vermont 05060
Phone: 802-728-3773 Fax: 802-728-6232

Volunteer Application

Name _____ Date _____

Home Phone _____ Cell Phone _____

Address _____ Town _____ Zip _____

Driver's License Number _____

Employment History

Previous Employer #1

Company _____ Phone _____

Address _____ Town _____ Zip _____

Position Held _____ From _____ to _____

Reason for leaving _____

Previous Employer #2

Company _____ Phone _____

Address _____ Town _____ Zip _____

Position Held _____ From _____ To _____

Reason for leaving _____

Driving Record

Do you have any special certificates (i.e. Passenger Endorsement, Defensive Driving, etc.)?

Yes_____ No_____ (If yes, please list below)

_____ Date_____

_____ Date_____

_____ Date_____

Have you ever been denied a driver's license or permit to operate a motor vehicle?

Yes_____ No_____ (If yes, please explain below)

Has any license, privilege or permit ever been suspended or revoked?

Yes_____ No_____ (If yes, please explain below)

How many years have you been driving?_____

Out of State Addresses

Please list any out of state addresses where you have lived in the last 15 years.

Address_____ City/State_____ Zip_____

Dates at this address: From_____ To _____

Did you have a driver's license at this address? Yes_____ No_____

Address _____ City/State _____ Zip _____

Dates at this address: From _____ To _____

Did you have a driver's license at this address? Yes _____ No _____

Address _____ City/State _____ Zip _____

Dates at this address: From _____ To _____

Did you have a driver's license at this address? Yes _____ No _____

References

Name #1 _____ Phone _____

Address _____ City/State _____ Zip _____

Name #2 _____ Phone _____

Address _____ City/State _____ Zip _____

Name #3 _____ Phone _____

Address _____ City/State _____ Zip _____

I certify that this application was completed by me and that all entries and information on it are true and complete to the best of my knowledge.

Signed _____

Dated _____



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Confidentiality Agreement

Employees, volunteers, and members of the Board of Directors shall protect the privacy and dignity of participants in all Stagecoach programs. Any information, written or verbal, concerning program participants and their families that is acquired during the employee's, volunteer's, or Board Member's affiliation with Stagecoach is considered confidential.

Information can be shared with outside agencies only with documented permission of the program participant or guardian unless this information directly pertains to the client's transportation. It is the expectation of Stagecoach that any employee, volunteer, or Board Member that terminates their affiliation with the agency will continue to hold in confidence information obtained during the course of employment or volunteer affiliation. Failure to comply with expectations of confidentiality may result in corrective action including suspension or dismissal.

Signature _____ Date _____

Printed Name _____



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PROVIDE THIS FORM TO YOUR INSURANCE AGENT

I am currently a volunteer driver for Stagecoach Transportation Services, Inc. I request that the below named insurance carrier advise Stagecoach as soon as possible if my automobile insurance policy is cancelled for any reason. This information should be provided in writing and can be faxed to Stagecoach at 802-728-3773 or mailed to PO Box 356, Randolph, VT 05060.

I also wanted to make you aware of Vermont's Motor Vehicle Law in the status Sec.1. 8VSA section 4211 (a) which says an insurer may not refuse to issue motor vehicle liability insurance to an applicant solely because the applicant is a volunteer driver. An insurer may not impose a surcharge or otherwise increase the rate for a motor vehicle policy solely on the basis that the named insured, a member of the insured's household, or a person who customarily operates the insured's vehicle is a volunteer driver.

Thank You.

Volunteer Signature _____ Date _____

Printed Name _____

Insurance Company _____

Insurance Agent _____

Address _____ Town/State _____ Zip _____

Phone _____

On behalf of the above named insurance carrier: _____ I Will I am unable to _____
notify Stagecoach as soon as possible should we cancel the automobile insurance policy of
the Volunteer Driver named on this form.

Representative Signature _____ Date _____

Printed Name _____



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Private Vehicle Registration

Name _____ Date _____

Home Phone _____ Cell Phone _____

Address _____ Town _____ Zip _____

Vehicle(s) Make _____ Model _____ Year _____

Color _____

Driver Airbags? Yes or No Passenger Airbags? Yes or No

Number of seatbelts? Front _____ Back _____

License Plate Number _____

Vehicle(s) Make _____ Model _____ Year _____

Color _____

Driver Airbags? Yes or No Passenger Airbags? Yes or No

Number of seatbelts? Front _____ Back _____

License Plate Number _____

Insurance Company _____

Insurance Agent _____

Address _____ Town/State _____ Zip _____

Phone _____

I have notified my agent that I am using my own vehicle to participate in Stagecoach's Volunteer Driver Program.

I certify that I am currently insured through the above company for automobile liability insurance an amount of or in excess of \$100,000 per person/\$300,000 per accident. Further, I agree to provide Stagecoach with a copy of my insurance card and my insurance policy for their records. I also agree to immediately notify Stagecoach in the event that the above liability insurance is revoked, cancelled, or altered in any manner as to no longer meet the minimum vehicle requirements.

I agree not to transport any passengers as part of the Stagecoach Volunteer Program if these insurance requirements are not met or if my Vermont vehicle's operator's license is not current and/or valid or if the registration of the vehicle(s) I use to transport passengers is not current or valid.

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

Signed _____

Dated _____

Print _____