



TRI-VALLEY TRANSIT (TVT) VOLUNTEER APPLICATION

Name:	Phone:	Cell:
Street:	Town:	Zip:
Driver's License #:	Mailing address if different:	

Employment History

Previous Employer #1		
Company:		Phone:
Address:	Town:	Zip:
Position:	From:	To:
Reason for leaving:		

Previous Employer #2		
Company:		Phone:
Address:	Town:	Zip:
Position:	From:	To:
Reason for leaving:		

Driving Record

Special Certificates; i.e. FA/CPR, CDL, Passenger Endorsement, Defensive Driving, other:

_____ Date: _____

Have you ever been denied a license, privilege or permit to operate a motor vehicle? Yes No
 Has any license, permit or privilege ever been suspended or revoked? Yes No
 How many years have you been driving? _____



Out of State Addresses

Please list below any out-of-state addresses where you have lived.

Address:
Dates at this address:
Did you have a driver's license in this state?

Address:
Dates at this address:
Did you have a driver's license in this state?

Please continue on a separate sheet of paper if necessary.

Note: TVT may require you to provide a copy of your complete driving record from these states. If TVT requires these documents, TVT will reimburse the cost of record.

References

Name 1:
Address:
Phone:

Name 2:
Address:
Phone:

Name 3:
Address:
Phone:

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

Signed _____ Date _____



VOLUNTEER DRIVER STATEMENT OF UNDERSTANDING

The purpose of the volunteer driver is to provide safe and reliable transportation to residents of Addison, Orange & Northern Windsor Counties to and from essential services (e.g. medical facilities, social services, nutrition sites, employment, etc.)

Clients being transported by volunteer drivers have been determined by TVT to have no means of personal transportation available or no ability to operate a motor vehicle. Volunteers must enjoy being with people and be motivated by a desire to help enhance the lives of our clients.

Our clients rely on our service to meet their needs. Volunteers are expected to exercise good customer service skills and to meet trip requests promptly and as agreed upon. If you must cancel an assigned trip for any reason, you must notify us immediately to enable another ride to be set up for the client. Volunteers are also expected to report any concerns about the health/wellbeing of clients and to report any problems regarding a transportation assignment immediately.

Volunteer drivers in this program drive their own vehicles and will be reimbursed for mileage at the current state rate and for any out-of-pocket expenses associated with the ride (e.g. tolls, parking fees, etc.) For the purpose of reimbursement, volunteer status begins at the time the volunteer leaves his/her home or other point of dispatch. Only expenditures that have been authorized by TVT will be considered for reimbursement.

Insurance

- The volunteer driver shall carry \$100,000 per person/\$300,000 per accident insurance with a minimum of \$10,000 property damage. TVT maintains a blanket Volunteer Excess Auto Liability policy providing access to additional coverage, if required, of up to \$5,000,000. Any client or volunteer injuries sustained while outside of the volunteer vehicle are also covered by this policy. I understand that I must meet these standards for motor vehicle insurance and that my personal insurance is the primary liability protection and must be issued by a company authorized to do business in the State of Vermont. I agree to advise my insurance carrier of my participation in the TVT Volunteer Driver Program.
- As proof of coverage, I will provide TVT with a copy of auto insurance card and my insurance policy reflecting the required limits. In the event that my coverage changes or is cancelled, or I change vehicles, I will immediately notify TVT of such changes or cancellations.

I agree to be a safe, responsible driver and follow Vermont State laws of the road and I certify I have been a licensed driver for a minimum of (5) years, have a clean driving record and currently hold a valid VT or NH Driver's License. I will provide TVT with a copy of my valid driver's license and current registration(s) for any vehicles used to transport clients. I will notify ACTR immediately in the event that I am involved in a vehicle accident while driving for TVT or of any traffic citation that I may receive while driving for TVT or on my own time.

I am physically capable of driving my vehicle safely and am be physically able to assist people to/from their door who are in wheelchairs, use walkers and/or need support.

I will not drive while using any drug that may affect my driving ability, either prescription or "over the counter". If requested, I will provide a statement from my physician stating that I am capable of driving.

I certify that my vehicle is mechanically sound with proper safe operating equipment including seat belts which I will use and enforce use of by my passengers. Children age 12 and under will be placed in the rear seat of the vehicle in seat belts or child restraint seats for children under 3 years or 40 pounds provided by the client that are properly installed.

I agree to maintain my vehicle(s) used for transportation in good, safe working condition and to keep free of internal debris.



I agree to allow TVT to check my background records annually.

I agree to read the TVT Volunteer Handbook and abide by the policies therein and to view a PASS (Passenger Assistance, Safety and Sensitivity) video within my first 60 days of volunteering for TVT. I understand this is done annually.

I will maintain all records required by TVT and complete paperwork in an accurate and timely manner.

I will not accept tips from clients, but I will encourage clients to make any donation directly to TVT.

I will protect the clients' right to confidentiality. I will also respect their right to pursue an independent lifestyle and be non-judgmental in my interactions with them. I will not discriminate against any client.

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

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

I have read and understand the expectations set forth in the Volunteer Driver Statement of Understanding.

Signed: _____ Date: _____

Printed Name: _____



PROVIDE THIS FORM TO YOUR INSURANCE AGENT

Volunteer permission to share policy information

I am currently a Volunteer Driver for Tri-Valley Transit. I request that the below named insurance carrier advise TVT 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 TVT at (802)388-1888 or mailed to:

TVT
297 Creek Road
Middlebury, VT 05753

Thank you,

Volunteer signature _____ Date _____

Printed Name: _____

Insurance Carrier Info

Name:
Address:
Phone:

On behalf of the above-named insurance carrier I will... I am unable to...
...notify TVT as soon as possible should we cancel the automobile insurance policy of the Volunteer Driver named on this form.

Insurer signature _____ Date _____

Printed Name: _____



CONFIDENTIALITY AGREEMENT

Employees, volunteers and members of the Board of Directors shall protect the privacy and dignity of participants in all TVT 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 TVT is considered to be 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 TVT 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.

I, the undersigned, have received a copy of the TVT confidentiality policy. I agree to adhere to the policy and all requirements set forth in this policy.

Signature of Employee, Volunteer or Board Member

Date

Printed Name

Form Revised 12/10/2020

TVT is an Equal Opportunity Employer





TRI-VALLEY TRANSIT PROSPECTIVE EMPLOYEE/VOLUNTEER
ANNUAL BACKGROUND CHECK AUTHORIZATION

I understand that Tri-Valley Transit (TVT) will conduct an investigation as to my submitted work history and verify all information provided by me with respect to my application to become an employee/volunteer of the organization. If hired/volunteering, this form will be signed annually to allow TVT to do all of my background checks.

Accordingly, I hereby authorize such inquiries in connection with my employment/volunteer application by TVT, and I understand these inquiries may include information as to my character, work habits, performance, experience and qualifications and any other information deemed necessary by TVT to arrive at an employment/volunteer decision regarding me.

I understand that TVT may request information from various Federal, State and other agencies that maintain records concerning my activities related to driving or criminal experiences. I hereby authorize any party or agency, including all current and/or former employers, to furnish this information to TVT within a reasonable period of time to receive information as to the content, date and reporting entity of the reports mentioned in this paragraph.

I AGREE THAT ANY SUCH INFORMATION IS TO BE PROVIDED AT MY REQUEST AND FOR MY BENEFIT. I HOLD ANY PERSONS OR ORGANIZATIONS THAT RELEASE SUCH INFORMATION TO TVT HARMLESS AND DO HEREBY RELEASE THEM AND TVT FROM ANY AND ALL LIABILITY FOR DAMAGE OF ANY NATURE FOR FURNISHING ANY OF THE ABOVE MENTIONED INFORMATION.

I understand that, due to the sensitive nature of this position, TVT must not employ individuals or choose volunteers “with a conviction of, for example, adult or child abuse, neglect or mistreatment”, or “who have been convicted of an offense for actions related to driving under the influence of alcohol or drugs or careless or reckless driving or multiple traffic infractions or *sounding* in the infliction of physical or mental injury to others or theft or misuse of funds or property”.

I understand that TVT follows an “AT WILL” policy (either I or TVT may end this employment/volunteer arrangement at any time, for any reason). I certify that all statements made by me regarding my application for employment/volunteering are true to the best of my knowledge and understanding that any falsification or omissions may result in the termination of this employment/volunteer driving arrangement. If selected, I will familiarize myself with and abide by all rules and regulations of TVT as applied to its staff/volunteers.

Printed Name _____ Social Security # _____

Address _____

City/State/Zip _____

Signature _____ Date _____

Form Revised: 12/10/20

TVT is an Equal Opportunity Employer

Tri-Valley Transit, 297 Creek Road, Middlebury, VT 05753

info@trivalleytransit.org | 802-388-2287 | www.trivalleytransit.org

Addison Office, Middlebury 802-388-2287 | Orange/N. Windsor Offices, Randolph & Bradford 802-728-3773



Tri-Valley Transit Annual Conflict of Interest Statement

1. Name: _____ Date: _____

2. Position: Are you a voting Director? Yes _____ No _____

Are you an Officer? Yes _____ No _____

If you are an Officer, which Officer position do you hold? _____

3. I affirm the following: I have received a copy of the Tri-Valley Transit (TVT) Conflict of Interest Policy. I have read and understand the policy. I agree to comply with the policy. I understand that TVT is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of tax-exempt purposes. _____ (initials)

4. Disclosures:

a. Do you have a financial interest (current or potential), including a compensation arrangement, as defined in the Conflict of Interest policy with TVT?

Yes _____ No _____

i. If yes, please describe it: _____

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy?

Yes _____ No _____

b. In the past, have you had a financial interest, including a compensation arrangement, as defined in the Conflict of Interest policy with TVT? Yes _____ No _____

i. If yes, please describe it, including when (approximately):

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy?

Yes _____ No _____

5. Do you have a family relationship with anyone who has a noted relationship with TVT? Family connections include an individual's spouse, parent, child, grandparent, grandchild, great-grandchild and sibling. The spouses of any children, grandchildren, great-grandchildren and siblings are considered family relationships as well.

Yes _____ No _____

If yes, please define: _____

Signature: _____

Signature of Executive or Regional Director: _____



Agency of Human Services

Adult Protective Services, HC 2 South, 280 State Drive, Waterbury, VT 05671-2060

AND

Child Abuse Registry Unit, 280 State Drive, HC 1 North Bldg. B, VT 05671-2401

CONSENT FOR RELEASE OF REGISTRY INFORMATION

This form is for use with the ON-LINE registry checking system ONLY

**** This consent form must be filled out completely and signed by the current employee, prospective employee, contractor or volunteer and kept on file at the requesting organization. The Agency of Human Services reserves the right to audit these consent forms at any time.

Current or Prospective Employee, Contractor, or Volunteer Information

Full Name: LAST FIRST Middle Initial Gender:

Address:

Last four digits of social security number: XXX-XX

Phone number: Birth Date: Place of Birth: City, State, Country

Other FIRST names I have used, if any (i.e. Nicknames, Aliases): (Type or Print)

Other LAST names I have used, if any (i.e. Maiden Names, Aliases): (Type or Print)

I hereby authorize release of any information of reports of abuse, neglect or exploitation substantiated against me and contained in the Vermont Adult Abuse Registry and/or the Vermont Child Protection Registry to:

Tri-Valley Transit (Print Organization Name)

(Prospective) Staff, Contractor, or Volunteer Signature Date



Requests for Vermont Department of Motor Vehicles records must be submitted on this form. The form must be completed in ink.

All applicable sections of this form (front and back) must be completed to obtain the requested information. Do not mail cash! Make check or money order payable (in U.S. funds) to: **Vermont Department of Motor Vehicles.**

Signature required on back of form.

Requester Name:		DBA/Company Name:	
Tri-Valley Transit			
Nature of Business:	Public Transportation		
Mailing Address:	Street/Box Number:	297 Creek Road	
	City, State, Zip Code:	Middlebury, VT 05753	
Mail to (if different than above):			
Telephone:	(802)388-2287	Email:	info@trivalleytransit.org

Documents Requested (select all that apply):

- Listing of 1 - 4 current or expired registrations – \$8.00
- Listing of 1 - 4 current or expired operator's license – \$8.00
- Certified copy of current or original registration application – \$8.00
- Certified copy of expired operator's license application – \$8.00
- Certified copy individual accident report – \$12.00
- Certified copy police accident report – \$18.00
- Insurance information of accident – \$8.00
- Statistics and research – \$42.00 per hour
- List of registered dealers, transporters, periodic inspection stations, rental vehicle companies, fuel dealers and distributors (including gallons sold or delivered - \$8.00 per page
- Other – Provide detailed explanation on reverse side. All other forms of information requested provided will be at a minimum of \$8.00 per page
- Periodic inspection sticker record – \$8.00
- Certified copy of suspension notice – \$8.00
- Certified copy of reinstatement notice – \$8.00
- Certified copy of title – \$6.00
- Certified copy of vehicle title search, title info, lien info. – \$22.00
- Certified copy of vessel, snowmobile, or ATV title search – \$13.00
- Certified copy of 3-year operating record (Vermont only) – \$14.00
- Certified copy of complete operating record (Vermont only) – \$20.00

Information requested concerning (complete as much information as possible):

VIN:		Vehicle Make:	Vehicle Year:	VT License Plate:	Expiration Date:	
Name:		VT Driver's License Number:	Date of Birth:	Social Security Number:		
Date(s) you want covered, if applicable. Does not apply to driving records.						
Month:	Day:	Year:	Through	Month:	Day:	Year:

Specific information requested:

Detailed explanation of intended use (attach additional sheet if necessary):

The information requested may be disclosed if authorized by the Driver Privacy Protection Act. Information being requested is (initial appropriate category below*) :	
	For use by any government agency, including any court or law enforcement agency, in carrying out its functions, or any private person acting on behalf of a government agency in carrying out its functions. (18 U.S.C. §2721(b)(1))
	For use in connection with matters of motor vehicles or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, recalls, or advisories; performance monitoring of motor vehicles, motor vehicle parts, and dealers; motor vehicle market research activities, including survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers. (18 U.S.C. §2721(b)(2))
X	For use in the formal course of business by a legitimate business or its agents, employees, or contractors to verify the accuracy of personal information submitted by the individual to the business or its agents, employees, or contractors. (18 U.S.C. §2721(b)(3)(A)) <i>If information provided does not match DMV records, correct information will not be provided. DMV will only disclose that information does not match.</i>
	For use in connection with any proceeding in any court or government agency or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of any court. (18 U.S.C. §2721(b)(4))
	For use by any insurer or insurance support organization, or by a self-insured entity, or its agents, employees, or contractors, in connection with claims investigation activities, antifraud activities, rating, or underwriting. (18 U.S.C. §2721(b)(6))
	For use by an employer, of its agent or insurer, to obtain or verify information relating to a holder of a commercial driver's license which is required under the Commercial Motor Vehicle Safety Act of 1996 [Title XII of Public Law 99-570]. (18 U.S.C. §2721(b)(9))
	Unrestricted or specified use with written consent of the person who is the subject of the information. This includes information regarding oneself. ("Release portion" on other side of this form must be completed in full.) (18 U.S.C. §2721(b)(13))
	For any use specifically authorized by law that is related to the operation of a motor vehicle or public safety. (18 U.S.C. §2721(b)(14))

AUTHORIZATION OF RELEASE OF INFORMATION

I hereby, with my signature, authorize (name of person or business you are authorizing):

Tri-Valley Transit, EIN 03-0335768

To perform a one-time search of the Vermont Department of Motor Vehicles files pertaining to me and any resulting reports. Or;

A one-time authorization to transact business pertaining to me within the Vermont Department of Motor Vehicles.

Signature of individual authorizing release:	Date of authorization:

In requesting and using this information I acknowledge that this disclosure and any re-disclosure is subject to the Driver Privacy Protection Act (18 U.S.C. §2723). This is signed and the request is made subject to penalties of 18 U.S.C §2723 and V.S.A. §202.

Signature of requestor:	Date of request:
Printed name of requestor:	Driver's license number of requestor:

Upon receipt of this request by the Vermont Department of Motor Vehicles, it will be reviewed by appropriate personnel to determine whether this request conforms to DPPA protocol and requirements. Failure to meet these qualifications or to provide adequate information to make a determination will result in the denial of your request.

***Note - Documents identifying the requestor are required for all requests. You must include copies of your state issued identification and documentation that you are authorized to obtain the requested information. If you are unsure of what documents are required, please call 802.828.2000.**

FOR DEPARTMENT USE ONLY - DO NOT WRITE BEYOND THIS POINT

This request is hereby denied as the record(s) is/are exempt from inspection and copying for the following reason:

- They are records which, by law, are designated confidential or by a similar term.
- They are records which, by law, may only be disclosed to specifically designated persons.

You have the right to appeal this denial to the Commissioner of Motor Vehicles (must be submitted in writing).

Vermont Department of Motor Vehicles _____