

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 ? _____

Employment :

Please list any limitations

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
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#2

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

Name	Phone (or Mailing Address)	How acquainted	# years
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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 :

ITN*Central*CT 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.

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 ITNCentralCT 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): _____ Are you willing to transport properly restrained pets? _____

Do you have a large trunk? _____ 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 :

