



Volunteer Transportation Program (VTP) Age-Friendly Communities of the Lower Kennebec



DRIVER Application

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Legal Name: _____ Date of Birth: _____
 Home Phone: _____ Cell Phone: _____
 Home Address: _____
 Email Address: _____
 Emergency Contact Name: _____ Relationship: _____
 Emergency Contact Phone Number: _____
 Do you have any allergies of which we should be aware when matching you with a rider?

Have you done volunteer driving in the past? Yes No
 Have you ever been involved in a vehicle accident? If yes, please describe: _____
 Do you have any driving violations? If yes, please explain: _____

References Please list two people (other than your partner or spouse) who have known you or have worked with you for a minimum of three years and who have been present in the vehicle while you were driving:

Name: _____ Phone: _____
 Address: _____
 Relationship: _____ Email Address: _____
 Name: _____ Phone: _____
 Address: _____
 Relationship: _____ Email Address: _____

How did you learn about this program?
 How often you are available to drive? once a week twice a week variable other:
 Which days are best for you? Mon Tue Wed Thu Fri

Driver's License Number: _____ Expiration Date: _____
 Auto Insurance Carrier _____ Policy Number: _____
 Expiration Date: _____ Vehicle Registration Expiration Date: _____ License Plate Number: _____

Background checks and umbrella insurance policy:

We will share your legal name, email address, Maine State Driver's License number incl. expiration date, and Vehicle Insurance Company and policy number incl. expiration date with Lifelong Maine. An email from clientservices@true-hire.com will include a weblink. This will allow you to initiate your background checks by entering your personal information including your SSN. The VTP will not ask for your SSN.

The Volunteer Transportation Program strives to provide safe, confidential, and reliable services. All volunteers are required to participate in mandatory training such as Adult Protective Services Mandated Reporter Training. Your signature below will confirm permission to check references and to perform background checks and will give the program administrator permission to share necessary information with Lifelong Maine.

By signing this driver application, I pledge to always drive distraction-free while volunteering for this program, to maintain a clean car with up-to-date inspection, registration, and auto insurance.

Volunteer Signature: _____ Date: _____

To complete your application, please fill out and sign this Driver Application. Please provide a Copy of your Driver's License, Proof of Auto Insurance, and Vehicle Registration and send your application package to _____

Questions? Call: _____