



Volunteer Transportation Center, Inc.

203 N. Hamilton St.

Watertown, NY 13601

Phone: (315) 788-0422 Fax: (315) 788-8021

Email: volctr@westelcom.com



Driver Registration Form

Driver Information:

Name: _____ Phone: D _____ E _____

Mailing Address: _____ DOB: _____ SS#: _____

Location:

To help us plan more efficiently for transportation requests, please describe where your home is located. Our goal is to secure the *closest available driver* to save mileage costs.

Driver's License Number: _____

Have you incurred any traffic violations in the last 3 years? Yes _____ No _____

If yes, explain:

Results: _____

Have you ever been convicted of misdemeanors, felonies, or other crimes? Yes _____ No _____

If yes, explain: _____

Availability:

Available:

Weekly (specify the days): _____ Seasonal-which? _____

Times available: _____

Would you be available to assist a frail or mildly disabled individual in and out of a vehicle?
_____ in or out of a building _____?

Vehicle Information:

Make: _____ Model: _____ Year: _____

Color: _____ Number of doors: _____ Plate #: _____ Inspection date: _____

Current Insurance Co.: _____ Phone#: _____

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Personal References:

Please list two individuals (at least one non-relative) who will provide a personal reference. You must provide complete mailing addresses. This office will contact them.

#1. _____ #2. _____

Phone: _____

Phone: _____

Please read the following statement. If you agree to these terms, please indicate so by signing and dating this form.

You, the driver, will be reimbursed for distance traveled from your home and back to your home while driving scheduled clients for the Volunteer Transportation Center. Your own automobile insurance will remain in effect with the Volunteer Transportation Center's insurance coverage being secondary. All requests for transportation will be screened and approved through the Volunteer Transportation Center's Transportation Coordinator who will contact you by phone for a specific date and time. If accepted, you agree to abide by our guidelines, including completion of required log sheets indicating whom you drove and the miles driven. These log sheets will be provided by the Volunteer Transportation Center each month and completed by you, the driver, and mailed to the Volunteer Transportation Center on the last business day of the month.

Signature of Driver: _____ **Date:** _____

Please note the Volunteer Transportation Center does not discriminate. The eligibility of each driver is not based on age, race, color, or religious beliefs. Eligibility is based on the information provided by you as well as the references.

Please return to: Transportation Coordinator
Volunteer Transportation Center, Inc.
203 North Hamilton St.
Watertown, NY 13601