

# ThreeRivers

COMMUNITY ACTION



*People-focused, community-driven*

## Three Rivers Community Action Volunteer Transportation Program

Dear Prospective Volunteer,

Thank you so much for your interest in driving for the Three Rivers Community Action Volunteer Transportation Program! Included with this letter you will find several forms for your review- please fill them out and return them to us as soon as possible to begin your volunteer on-boarding and training!

1. Volunteer Driver Application – complete, sign and return
2. Criminal History, MVR check & Release of info to 3<sup>rd</sup> party release – complete, sign and return
3. RSVP Enrollment Form (for volunteers 55 and greater) – complete, sign and return

Please send all the documents above, as well as a current copy of your **driver's license and proof of vehicle insurance** to: [VTRides@threeriverscap.org](mailto:VTRides@threeriverscap.org) or by mail to:

Three Rivers Community Action, Inc.  
ATTN: Volunteer Transportation Program  
1414 Northstar Drive, Zumbrota, MN 55992

Thank you for offering to share your time and talents with us and the persons we serve! If you have any questions, please feel free to call me at the number listed below. Someone is in the office Monday through Friday between the hours of 8:00 am and 4:00 pm.

Sincerely,

Megan Meyer  
Volunteer Transportation Program Lead  
866-623-7505, option 2

**Three Rivers Community Action**  
**Volunteer Transportation Program**  
1414 Northstar Drive, Zumbrota, MN 55992  
(866) 623-7505, option 2



Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Can you accept text messages:  Yes  No

Email: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_ Color: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ Approximate Odometer: \_\_\_\_\_

What days/times are you available to drive?

Monday  Tuesday  Wednesday  Thursday  Friday  Any

Times Available: \_\_\_\_\_

Are there any locations you would prefer to not drive to? \_\_\_\_\_

Do you have any health problems that may interfere with your ability to safely drive?

\_\_\_\_\_

Anything else you think we should know? \_\_\_\_\_

\_\_\_\_\_

**As a Volunteer Driver, we require you to have a valid driver's license and current auto insurance.**

Do you have a current Driver's License:  Yes  No      Do you have current auto insurance:  Yes  No

**Drug and Alcohol Use Policy**

I understand that as a Volunteer driver I may not use illegal drugs at any time. I understand that I may not consume or be under the influence of alcohol at any time during a ride or consume alcohol 8 hours before transporting clients. In addition, I understand that I should check with a medical professional before using any prescription or over the counter medication that may interfere with my ability to drive safely.

**Statement of Confidentiality**

As a Volunteer driver I may have access to specific information regarding persons served, employees, board members, volunteers, donors and/or financial information. I understand that it is the policy of Three Rivers Community Action, Inc. that I, as a volunteer, must regard all the information as confidential. I understand that all persons who receive services from Three Rivers Community Action, Inc. expect and are entitled to this confidentiality.

**Volunteer Driver Requirements**

Must be at least 21 years of age, have a current & valid driver's license, have a vehicle that is in good operating condition, maintain proper vehicle insurance, and the ability to pass driving record, criminal background & reference checks. No more than three (3) moving violations in the last five (5) year period, no criminal history, no collisions as a driver that have resulted in death or serious injury, and no significant history of collisions.

**I have read and understand the minimum requirements to be a Volunteer Driver. I understand that Volunteer drivers are not employees of Three Rivers Community Action, Inc.**

\_\_\_\_\_  
Volunteer Driver Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**Thank you for volunteering and going the extra mile to support your community and neighbors!**  
**We can't wait for you to hit the road and make a difference!**





Volunteer Transportation Program
1414 Northstar Drive
Zumbrota, MN 55992
Toll Free: 866-623-7505
Fax: 507-933-4481

Three Rivers Volunteer Transportation Program
Criminal History & Motor Vehicle Record Check
Authorization and Release of Information to Third Parties

Last Name (print): \_\_\_\_\_

First Name (print): \_\_\_\_\_

Middle Name (print): \_\_\_\_\_

Former/Other Names, including maiden name or alias (print): \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

Driver License Number: \_\_\_\_\_

State of Driver License: \_\_\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_\_\_

I authorize Three Rivers Community Action, Inc. ("the Agency") to perform a public criminal history check and to review my motor vehicle record for consideration as a Volunteer Driver. I further authorize the release of my personal information provided above to third parties with a 'need to know' such as insurance companies who contract with the Agency for driving patients/clients to medical appointments.

Signature

Date



## Volunteer Enrollment Form (PLEASE PRINT CLEARLY)

Name: First: \_\_\_\_\_ Last: \_\_\_\_\_ Initial: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

County: \_\_\_\_\_ Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Are you a veteran? (circle) YES or NO

Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (If you are 55 or older you will be enrolled in AmeriCorps Seniors RSVP)  
Month Day Year

Physical limitations: \_\_\_\_\_

In case of emergency notify: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Do you want reimbursement for miles driven while volunteering? (circle) YES or NO

***The following information is optional. Our funding sources require us to report this information as we are able. The information is provided with AmeriCorps Seniors program TOTALS; the reporting does not identify individual RSVP volunteers.***

**Gender:** \_\_\_\_ Male \_\_\_\_ Female

**Race/Ethnic Group:** \_\_\_\_ Asian or Pacific Islander \_\_\_\_ Hispanic \_\_\_\_ African American

\_\_\_\_ Native American \_\_\_\_ Caucasian \_\_\_\_ Other

Do you have a family member currently serving in the US Armed Forces: YES NO

**Statement of Authorization to use photographs:** Please Initial: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize Catholic Charities and its affiliates to use and publish photographs or other likeness of me, my name, and descriptions of my service as a volunteer for whatever purpose Catholic Charities deems appropriate. I hereby do waive any claims that I may have which may arise at any time in connection with the authorization given or the use or publication of such photographs or other likeness of me, my name, and descriptions of my service by Catholic Charities or its affiliates. I hereby release Catholic Charities and its present and past officers, directors, managers, employees, agents, and affiliates, from all such claims and any and all related injury and damage.

**PLEASE CONTINUE ON THE BACK**

**As a volunteer, I receive supplemental liability insurance when commuting to and from volunteer assignments. As required, I will keep in effect liability insurance equal to or greater than the minimum required by the State of Minnesota.**

Driver's License No. \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

**Statement of Valid Driver's License and Insurance Coverage:** Please Initial: \_\_\_\_\_ Date: \_\_\_\_\_  
*I understand that if I use my personal automobile to and from my volunteer location, I will keep my driver's license current and good standing and will keep in effect liability insurance equal to or greater than the minimum required by the State of Minnesota.*

**I DO NOT DRIVE:** Please Initial: \_\_\_\_\_ Date: \_\_\_\_\_

**All volunteers are covered by our supplemental insurance, free of charge. Please list your beneficiary for Accident Insurance Policy:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

**Statement of Confidentiality:** Please Initial: \_\_\_\_\_ Date: \_\_\_\_\_  
I understand that in my capacity as a volunteer, I may come into contact with confidential information. I agree to protect this information to the best of my ability as a volunteer and not to disclose it during or after my service as a volunteer has ended.

**By signing this form, I hereby acknowledge that the information provided on this form is true and complete to the best of my knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Volunteer Site/Location:** \_\_\_\_\_

**Primary Volunteer Duties:** \_\_\_\_\_

**Mail your completed form to the Catholic Charities Office listed below:**

Catholic Charities  
Volunteer Enrollment Form  
201 North Broad St. #100  
Mankato MN 56001