



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 3rd party release – complete, sign and return
3. Policy/Statement page – sign and return
4. 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:

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

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

Three Rivers Community Action Volunteer Driver Application



Name: _____

Vehicle Make: _____

Address: _____

Vehicle Model: _____

Color: _____

Phone #'s: _____

Year: _____

Odometer: _____

Email: _____

Why would you like to be a Volunteer Driver? _____

How did you hear about the Volunteer Driver Program? _____

How many people can you transport at one time? _____

Would you be willing to transport a smoker? _____ Yes _____ No _____ Yes but no smoking in car

Would you be willing to transport children? _____ Yes _____ No _____

Would you be willing to transport a pet if it were necessary to the client? _____ Yes _____ No

Do you have a preferred time to volunteer? _____

Are there times/days that you are unavailable? _____

Do you have any locations you would rather not drive to? _____

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

Do you have any additional preferences not listed above? If yes, please list: _____

Name and phone number of emergency contact _____

The information provided on this form is accurate and complete to the best of my ability.

Signature

Date



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



Three Rivers Community Action Volunteer Transportation Program

Drug & 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



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: (circle) YES or 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