



VOLUNTEER DRIVER APPLICATION

Applicant Information

Name: _____ Date of Birth: _____

Address: _____

Town/City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Have you lived outside Vermont in the past 10 years? Yes No

Do you currently have a valid VT Drivers License? Yes No

Have you been a licensed driver for at least five years? Yes No

Valid Vermont Drivers License Number: _____

Applicant History

Have you been in an automobile accident in the past 3 years? Yes No

Have you been cited for a traffic violation in the past 3 years? Yes No

Have you ever been accused of a crime? Yes No

If yes, please explain:

Have you ever been interviewed or investigated by the Department for Children & Families (DCF) Family Services Division or the police for child abuse, senior abuse and/or neglect? Yes No

If yes, please explain:

Driving Preferences

All ride assignments are optional - tell us more about your availability:

Are you comfortable driving in winter snow conditions? _____

Are you able to drive in the dusk / dawn / night hours? _____

Are you able to assist a rider to and from your vehicle? _____

Are you able to assist a rider with a wheelchair or walker? _____

Are you willing to drive longer distances, like Burlington, St Johnsbury and Lebanon, NH? _____

Are there specific days of the week that you are available to drive? _____

Any other preferences you want us to know at this time?

Application Questions

Please briefly describe why you want to volunteer as a Dial-A-Ride driver.

How did you hear about the Dial-A-Ride Volunteer Driver program?

If you are 55 years of age or over you are eligible for RSVP (Retired Senior Volunteer Program) membership which may offer additional insurance options. Are you currently a member? Yes No

If no, are you interested in more information about RSVP? Yes No

Application Authorizations

To become a volunteer driver you must provide a valid drivers license, up to date proof of insurance (with a good driving record), and complete a full background check. Please complete the information in this section and the attached authorization forms from Vermont Department of Motor Vehicles so we can start this process. TVT will contact you for additional information upon processing your initial application.

For the safety and well being of all TVT clients and staff, we require that all potential Dial-A-Ride drivers agree to the following:

I hereby grant Tri-Valley Transit permission to contact the references I have given below, and also grant such references permission to speak truthfully and in detail about me.

I hereby grant Tri-Valley Transit permission to investigate my personal history through any investigative agencies or bureaus of their choice in order to obtain verification in the following:

ADULT ABUSE REGISTRY

CHILD ABUSE REGISTRY

DRIVING RECORD

VERMONT CRIMINAL RECORD CHECK

NATIONAL CRIMINAL RECORD CHECK

REFERENCES:

1) Name: _____ Daytime Phone: _____

Mailing Address: _____

2) Name: _____ Daytime Phone: _____

Mailing Address: _____

3) Name: _____ Daytime Phone: _____

Mailing Address: _____

Signature

Printed Name

Date

THANK YOU FOR SUPPORTING TRI-VALLEY TRANSIT AND THE COMMUNITIES WE SERVE!

Please complete the forms on the following pages. On the DMV form, only complete the highlighted sections.



DEPARTMENT OF MOTOR VEHICLES
Agency of Transportation
dmv.vermont.gov

Vermont DMV Record Request

120 State St
Montpelier, Vermont 05603-0001
802.828.2000

All applicable sections of this form (front and back) must be completed to obtain the requested information. Make a check or money order payable (in U.S. funds) to the Vermont Department of Motor Vehicles.

All requests must include proof of identification (i.e., a copy of your state-issued ID). For a driver record other than your own, include documentation proving you are authorized to obtain the requested information.

Signature required on back of form.

Requester Name	DBA/Company Name	Nature of Business		
Mailing Address		City	State	Zip
Mail to (if different than above)		City	State	Zip
Telephone	Email			

Documents Requested (select all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Certified Copy of 3-year operating record (VT only) – \$17.00 | <input type="checkbox"/> Certified Copy of vessel, snowmobile, or ATV title search – \$13.00 |
| <input type="checkbox"/> Certified Copy of complete operating record (VT only) – \$24.00 | <input type="checkbox"/> Insurance information of crash – \$10.00 |
| <input type="checkbox"/> Certified Copy of police crash report – \$22.00 | <input type="checkbox"/> List of registered dealers, transporters, periodic inspection stations, rental vehicle companies, fuel dealers, and distributors (including gallons sold or delivered - \$10.00 per page |
| <input type="checkbox"/> Certified Copy of individual crash report – \$15.00 | <input type="checkbox"/> List of 1 - 4 current or expired driver's license – \$10.00 |
| <input type="checkbox"/> Certified Copy of current or original registration application – \$10.00 | <input type="checkbox"/> List of 1 - 4 current or expired registrations – \$10.00 |
| <input type="checkbox"/> Certified Copy of expired driver's license application – \$10.00 | <input type="checkbox"/> Periodic inspection sticker record – \$10.00 |
| <input type="checkbox"/> Certified Copy of reinstatement notice – \$10.00 | <input type="checkbox"/> Statistics and research – \$51.00 per hour |
| <input type="checkbox"/> Certified Copy of suspension notice – \$10.00 | |
| <input type="checkbox"/> Certified Copy of vehicle title search, title info, and lien info – \$27.00 | |
| <input type="checkbox"/> Other – Provide a detailed explanation. All other forms of information requested provided will be at a minimum of \$10.00 per page | |

Information requested concerning (complete as much information as possible):

VIN:	Vehicle Make:	Vehicle Year:	VT License Plate:	Expiration Date:		
Name:	VT License Number:	Date of Birth:	Social Security Number:			
Date(s) you want covered, if applicable (does not apply to driving records).						
Month:	Day:	Year:	Through	Month:	Day:	Year:
The specific information requested:						
Detailed explanation of intended use (attach additional sheet if necessary):						

Documents identifying the requestor are required for all requests. You must include copies of your state issued identification and documentation that you are authorized to obtain the requested information. If you are unsure of what documents are required, please call 802.828.2000.

The information requested may be disclosed if authorized by the Driver Privacy Protection Act. Information being requested is (initial appropriate category below) :	
1.	For use by any government agency, including any court or law enforcement agency, in carrying out its functions, or any private person acting on behalf of a government agency in carrying out its functions. (18 U.S.C. §2721(b)(1))
2.	For use in connection with matters of motor vehicles or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, recalls, or advisories; performance monitoring of motor vehicles, motor vehicle parts, and dealers; motor vehicle market research activities, including survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers. (18 U.S.C. §2721(b)(2))
3.	For use in the formal course of business by a legitimate business or its agents, employees, or contractors to verify the accuracy of personal information submitted by the individual to the business or its agents, employees, or contractors. (18 U.S.C. §2721(b)(3)(A)) <i>The correct information will not be provided if the information provided does not match DMV records. DMV will only disclose that information does not match.</i>
4.	For use in connection with any proceeding in any court or government agency or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders or pursuant to an order of any court. (18 U.S.C. §2721(b)(4))
5.	For use by any insurer or insurance support organization, or by a self-insured entity, or its agents, employees, or contractors, in connection with claims investigation activities, antifraud activities, rating, or underwriting. (18 U.S.C. §2721(b)(6))
6.	For use by an employer, of its agent or insurer, to obtain or verify information relating to a holder of a commercial driver's license, which is required under the Commercial Motor Vehicle Safety Act of 1996 [Title XII of Public Law 99-570]. (18 U.S.C. §2721(b)(9))
7.	Unrestricted or specified use with written consent of the person who is the subject of the information. This includes information regarding oneself ("Authorization of Release" below must be completed in full). (18 U.S.C. §2721(b)(13))
8.	For any use specifically authorized by law that is related to the operation of a motor vehicle or public safety. (18 U.S.C. §2721(b)(14))

AUTHORIZATION OF RELEASE OF INFORMATION

I hereby, with my signature, authorize (name of person or business you are authorizing):	
<input type="checkbox"/> To perform a <u>one-time</u> search of the Vermont Department of Motor Vehicles files pertaining to me and any resulting reports. Or <input type="checkbox"/> A <u>one-time</u> authorization to transact business pertaining to me within the Vermont Department of Motor Vehicles.	
Signature of individual authorizing release:	Date of authorization:

In requesting and using this information I acknowledge that this disclosure and any re-disclosure is subject to the Driver Privacy Protection Act (18 U.S.C. §2721 et seq.). I hereby affirm, under penalty of perjury under the laws of the State of Vermont, that the information on this form is true and correct. This is signed and the request is made subject to penalties of 18 U.S.C. §2723 and 23 V.S.A. §202.	
Signature of requestor:	Date of request:
Printed name of requestor:	Driver's license number of requestor:

Upon receipt of this request by the Vermont Department of Motor Vehicles, it will be reviewed by appropriate personnel to determine whether this request conforms to DPPA protocol and requirements. Failure to meet these qualifications or to provide adequate information to make a determination will result in the denial of your request.

FOR DEPARTMENT USE ONLY – DO NOT WRITE BEYOND THIS POINT

This request is hereby denied as the record(s) is/are exempt from inspection and copying for the following reason:	
<input type="checkbox"/> They are records which, by law, are designated confidential or by a similar term. <input type="checkbox"/> They are records which, by law, may only be disclosed to specifically designated persons.	
You have the right to appeal this denial to the Commissioner of Motor Vehicles (must be submitted in writing).	
Vermont Department of Motor Vehicles _____	