

# KVCAP

## TRANSPORTATION SERVICES

Dear Interested Volunteer:

Thank you for your interest in becoming a Volunteer Driver for KVCAP'S Transportation Program. As you may know, there are many individuals in need of transportation to and from medical and other various appointments on a daily basis. Without individuals like you offering to volunteer the gift of time and a vehicle, some would miss very important and much needed medical appointments. We thank you in advance for your desire to help those in need.

We take great pride in the safety of our clients; therefore, before you can be scheduled to transport any clients we must first conduct a Department of Motor Vehicle, State Bureau of Investigation and Department of Health and Human Services background check on you. Please fill out the attached forms completely and return to me at the address indicated below. Based on the results of the background checks, you will be notified to come in for a Volunteer Orientation.

If you have any questions, please feel free to contact me at 859-1631.

Again, thank you for your interest in becoming a Volunteer Driver with KVCAP'S Transportation Program. The service of our volunteers is greatly appreciated.

Sincerely,

Steve Soule, Volunteer Driver Recruiter

97 Water Street, Waterville, ME 04901

Work: (207) 859-1631

Fax: (207) 877-0496

Email: [steves@kvcap.org](mailto:steves@kvcap.org)

Web: [www.kvcap.org](http://www.kvcap.org)



**Kennebec Valley Community Action Program  
VOLUNTEER DRIVER PROGRAM**

**APPLICATION**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security Number \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Do you hold a valid Maine Driver's license? \_\_\_\_\_

Are there any restrictions on your license? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you own your vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_ Year / Make \_\_\_\_\_

Model \_\_\_\_\_ Color \_\_\_\_\_

Do you have a clean driving record? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain: \_\_\_\_\_

What is the name of your vehicle insurance company? \_\_\_\_\_

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How much liability do you carry? \_\_\_\_\_

**YOU WILL BE EXPECTED TO PROVIDE A COPY OF YOUR INSURANCE  
COVERAGE /KVCAP requires 100,000/300,000 liability coverage.**

Email \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Position held: \_\_\_\_\_

Dates worked from: \_\_\_\_\_ to \_\_\_\_\_

### PERSONAL REFERENCES

List three references: (please do not use the names of relatives)

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

Will you be willing to work: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Indicate below the days / hours you would be willing to drive:  
(to be further discussed at orientation)

Monday \_\_\_\_\_ AM to \_\_\_\_\_ PM

Tuesday \_\_\_\_\_ AM to \_\_\_\_\_ PM

Wednesday \_\_\_\_\_ AM to \_\_\_\_\_ PM

Thursday \_\_\_\_\_ AM to \_\_\_\_\_ PM

Friday \_\_\_\_\_ AM to \_\_\_\_\_ PM

Saturday \_\_\_\_\_ AM to \_\_\_\_\_ PM

Sunday \_\_\_\_\_ AM to \_\_\_\_\_ PM (big need for Sat and Sun mornings)

Check the areas in which you would be willing to drive:

\_\_\_\_\_ All of New England

\_\_\_\_\_ All of the State of Maine

\_\_\_\_\_ Portland, ME

\_\_\_\_\_ Belfast, ME

\_\_\_\_\_ Skowhegan area

\_\_\_\_\_ Augusta area

\_\_\_\_\_ Waterville area

\_\_\_\_\_ Lewiston, ME

\_\_\_\_\_ Rockland, ME

\_\_\_\_\_ Bangor, ME

\_\_\_\_\_ Anywhere in Somerset County

\_\_\_\_\_ Anywhere in Kennebec County

I am willing to transport please check your choice (s)

\_\_\_\_\_ Children

\_\_\_\_\_ Adults

\_\_\_\_\_ Both

**(you will be fully trained on car seat installation and safety)**

EMPLOYMENT EXPERIENCE: (Starting with your current or last employer)

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Position held: \_\_\_\_\_

Dates worked from: \_\_\_\_\_ to \_\_\_\_\_

**Kennebec Valley Community Action Program  
VOLUNTEER DRIVER PROGRAM**

**Service Agreement**

<b>Function:</b>	KV Van Volunteer Driver	
<b>Supervisors:</b>	Street Supervisors	(Augusta Area) (Skowhegan Area) (Waterville Area)
<b>Summary of Agreement:</b>	The person in this capacity is responsible for using their personal vehicle to drive low income and elderly clients to and from appointments as assigned by the Scheduler. Volunteer Drivers receive a mileage reimbursement of 41 cents per mile.	

**RESPONSIBILITIES:**

1. Contacts Dispatcher daily for trip manifest.
2. Uses personal vehicle to pick up clients as instructed by the Dispatcher and drives them to appointments, assisting them in and out of the vehicle as necessary. Passengers may include, among others, low income, elderly, and physically or mentally challenged clients as well as children under protective custody of the Maine Department of Human Services.
3. Explains the transportation program to clients, referring when necessary.
4. Maintains personal vehicle to Maine State safety inspection standards. Maintains cleanliness of personal vehicle, both inside and outside, on a daily basis, including washing the vehicle as needed.

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5. Contacts Dispatcher in the event of any problem that may delay or change the schedule.
6. Reports hazardous road conditions and adverse weather conditions that may affect the schedule, or passenger safety, to the dispatcher as soon as possible.
7. Observes all speed limits and traffic safety laws. Reports and moving violations or accidents to supervisor immediately.
8. Prepares and submits any reports and authorizations requested.
9. Exhibits a positive, professional attitude with office staff, clients and community.

10. Attends training sessions, workshops and meetings as requested.

Service Agreement  
KV VAN Volunteer Driver  
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**Eligible Requirements:**

Must have good driving record with no serious or recurring moving violations. Must have no record of criminal behavior in the State of Maine or any other state that could be determined as a potential danger to passengers. Must have no previous or current history of physical or emotional abuse, neglect or criminal conduct on record with the Maine Department of Human Services, Bureau of Child and Family Services. Must be able to relate to a wide variety of people and maintain a pleasant atmosphere.

**Travel Reimbursement Eligibility: \$0.41 per service mile.**

*I certify that I have read the KV VAN Volunteer Driver service Agreement and understand the responsibilities that are required, and I have been given a copy of said agreement. I also understand that this agreement is based on voluntary participation and does not constitute an offer of employment or eligibility for employment benefits.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# *KVCAP Transportation Services*

Authorization for  
State of Maine Department of Motor Vehicle  
**BACKGROUND CHECK**

*I hereby give:*

**Kennebec Valley Community Action Program (KVCAP)  
97 Water St  
Waterville, ME 04901  
Telephone: (207) 859-1631**

*Authorization to submit my Name, Address, Date of Birth, and Maine Driver's License Number to the Maine Department of Motor Vehicles in order to obtain a three and/or ten year accident and violation record check.*

Please complete the following information as indicated on your Maine Driver's License.

(Please print)

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_\_

Driver's License Number \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

97 Water Street  
Waterville, ME 04901  
(207) 877-5677  
Fax (207) 872-6747

28 Mary Street  
Skowhegan, ME 04976  
(207) 474-8487 / 859-2501  
Fax (207) 474-3803

22 Armory St  
Augusta, ME 04330  
(207) 622-4761  
Fax (207) 623-2391

# *KVCAP Transportation Services*

**Authorization for  
State of Maine Bureau of Identification  
BACKGROUND CHECK**

*I hereby give:*

**Kennebec Valley Community Action Program (KVCAP)  
97 Water Street  
Waterville, Maine 04976  
Phone: 859-2501**

*Authorization to submit my Name, Address, Date of Birth, and Social Security Number to the  
Maine State Bureau of Identification in order to obtain a criminal record background check.  
I understand that this is necessary because I may be transporting children.*

**Please complete the following information:**

(Please print)

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

97 Water Street  
Waterville, ME 04901  
(207) 877-5677  
Fax (207) 877-0496

28 Mary Street  
Skowhegan, ME 04976  
859-2501 / (207) 474-8487  
Fax (207) 474-3803

22 Amory St  
Augusta, ME 04330  
(207) 622-4761  
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