

Kennebec Valley Community Action Program

**VOLUNTEER DRIVER PROGRAM**

**Application**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City,State,Zip: \_\_\_\_\_

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

Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

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

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

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

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

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

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 insurance do you carry? \_\_\_\_\_

**\*You will be expected to provide a copy of your Insurance Coverage – KVCAP  
Transportation requires 100,000/300,000 liability coverage.**

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

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

City,State,ZIP: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Position Held: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ To \_\_\_\_\_

Are you available to volunteer: Full-Time \_\_\_\_\_ Part-Time: \_\_\_\_\_

Indicate below the days/hours you would be available to drive:

***(This will be reviewed during the orientation)***

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

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

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

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

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

Weekends \_\_\_\_\_ AM to \_\_\_\_\_ PM

***(We are in need of volunteers for Saturday and Sunday mornings)***

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

\_\_\_\_\_ All of Maine

\_\_\_\_\_ Out of State

\_\_\_\_\_ Portland area

\_\_\_\_\_ Belfast area

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

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

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

\_\_\_\_\_ Lewiston area

\_\_\_\_\_ Rockland area

\_\_\_\_\_ Bangor area

\_\_\_\_\_ Kennebec County

\_\_\_\_\_ Somerset County

Are you willing to transport children? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any experience in transporting children? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***(You will receive training on car seat installation and safety)***

## KVCAP Transportation Services

### Volunteer Driver Service Agreement

Function: **KV Van Volunteer Driver**

Project Supervisors: **Augusta Fleet Operations Supervisor**

**Waterville Fleet Operations Supervisor**

**Skowhegan Fleet Operations Supervisor**

Summary of Agreement: **The person in this capacity is responsible for using their personal vehicle to drive eligible passengers to and from appointments as assigned by the Schedulers. Volunteer Drivers receive a \$0.65 mileage reimbursement for all MaineCare covered trips, which is 93% of our trips and \$0.46 to \$0.58 for non-mainecare trips.**

#### **RESPONSIBILITIES:**

1. Contacts the Volunteer Coordinator or Schedulers for daily availability. Review segment via cell phone the evening prior to driving.
2. Uses personal vehicle to pick up passengers 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 disabled passengers as well as children under the protective custody of the Maine Department of Health & Human Services.
3. Provides services following the most direct route available for the provision of assigned trips. This includes "deadhead" unloaded mileage when going to and from passenger locations.
4. Explains the Transportation Program to passengers, referring when necessary.

5. 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.
6. Maintains confidentiality of all passenger information. Discussions concerning passengers shall be limited to information necessary to ensure safe transportation of the passenger.
7. Contacts Dispatcher in the event of any problem that may delay or change the schedule.
8. Reports hazardous road conditions and adverse weather conditions that may affect the schedule, or passenger safety, to the dispatcher as soon as possible.
9. Observes all speed limits and traffic safety laws.
10. Prepares and submits any reports and authorizations requested.
11. Exhibits a positive, professional attitude with office staff, passengers and community.
12. Attends training sessions, workshops and meetings as requested.

**Eligibility 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 maintain vehicle insurance with minimum liability limits of \$100,000/\$300,000 per accident. Must be able to relate to a wide variety of people and maintain a pleasant atmosphere.

Travel Reimbursement Eligibility: \$0.65 per mainecare in-service vehicle miles and between \$0.46 - \$0.58 for non-mainecare covered trips.

**I acknowledge that I have read the KVCAP Volunteer Driver Agreement and understand the responsibilities that are required, and that I have been given a copy.**

**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 Vehicles **BACKGROUND CHECK**

I hereby give:

**Kennebec Valley Community Action Program (KVCAP)  
101 Water St.  
Waterville, Maine 04901  
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 \_\_\_\_\_

# KVCAP Transportation Services

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

I hereby give:

**Kennebec Valley Community Action Program (KVCAP)  
101 Water St.  
Waterville, Maine 04901  
207-859-1631**

*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 history record check. I understand 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 \_\_\_\_\_