



**VOLUNTEER TRANSPORTATION SERVICES
VOLUNTEER DRIVER ENROLLMENT
APPLICATION**

Centralina Connection Inc.
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Privacy Act Notice: According to Title 5, U.S.C. § 552a (Privacy Act of 1974) as implemented by the Federal Register, 32 CFR Part 505, Volunteer Transportation Services (VTS); Final Rule, protected personal information will not be disclosed from this application to any commercial enterprise or representative thereof or to any individual outside the Volunteer Transportation Services program. This application will be safeguarded IAW paragraph § 505.2, of subject Federal Register. Obsolete copies will be destroyed. Failure to provide requested information will result in program participation denial. Additional information may be added on a separate sheet of paper.

Name (First, Middle, Last and Maiden Name if applicable):		Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address, City and Zip:		Social Security #: (Required for background checks)	
County of Residence:		Race/Ethnicity:	
Email Address:		Primary Phone:	
Emergency Contact:		Relationship:	
Vehicle Make/Model/Year:	License Plate/State:	Auto Insurance Policy Number:	Provider:
Vehicle Size: <input type="checkbox"/> Compact <input type="checkbox"/> Sedan <input type="checkbox"/> SUV/Van/Truck		Level of assistance you are willing to offer: <input type="checkbox"/> Wheelchair* <input type="checkbox"/> Door-to-Door <input type="checkbox"/> Curb-to-Curb *Wheelchairs should be collapsible	
Day Availability (check all that apply): <input type="checkbox"/> Mondays <input type="checkbox"/> Tuesdays <input type="checkbox"/> Wednesdays <input type="checkbox"/> Thursdays <input type="checkbox"/> Fridays <input type="checkbox"/> Saturdays <input type="checkbox"/> Sundays			
Time Availability (check all that apply): <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Flexible <input type="checkbox"/> Occasional Urgent Trips			

Assurance/Authorization Statements (please initial each statement)

Initial

I will keep in effect automobile insurance as required by the State of North Carolina. My personal insurance will provide primary coverage, and VTS insurance as secondary coverage.	
I understand I must keep passenger information confidential.	
I agree to indemnify and hold harmless Volunteer Transportation Services, its sponsoring organization and all participating organizations, its employees, officers and directors and any and all organizations, agencies or individuals who provide funding to or other assistance or otherwise support the program from any claims, losses and liabilities arising out of or in any way connected with my participation in the Volunteer Transportation Services program.	
I authorize VTS to use a photo of me on my VTS identification badge.	
I authorize VTS to perform initial and periodic background checks and driving record checks.	
I understand I am subject to initial and random drug and alcohol tests.	
I understand VTS will periodically inspect my vehicle to ensure it is in safe condition.	
I have received, read, understand and agree to abide by the VTS Driver Policy Manual.	
I certify that all information provided as part of this application is true and correct to the best of my knowledge.	

Signature of Volunteer:

Date:



Volunteer Transportation Services

Volunteer Driver Information Sheet

Please check one: Driver Passenger

Name: _____ Phone: _____

Email: _____

Current Employer(s):

How do you prefer to be contacted?

Email
 Phone

Do you want to self-service your driving schedule through scheduling software?

Yes
 No

Affiliations – With what organizations are you currently a member/participant?
(Examples: AARP, Veterans Administration, VFW, American Legion, etc.)

Volunteer Services – In addition to VTS, what other volunteer organizations do you serve or use?

