

Door-Tran



Dear Interested Volunteer,

Thank you for your interest in a Volunteer Driver position with Door-Tran. Door-Tran has two volunteer programs; however, you only need to fill out one application for one or both of the programs.

The **County-Wide Volunteer Transportation Program** is operated by volunteers who provide rides with their personal vehicle and are reimbursed \$0.50 per mile. Door-Tran also provides a monthly cell phone and per trip meal reimbursements, when applicable. Services are provided to Door County residents who have travel needs within Door, Brown and Kewaunee Counties. Volunteer's set-up their personal schedule and driving area preferences by stating specific days, times and distances you want to drive. All rides are scheduled by Door-Tran staff.

The **Veteran Volunteer Transportation Program** provides rides for Door County veterans who need to travel to Veterans Affairs (VA) clinics in Green Bay, Appleton, Cleveland, Milwaukee and other specialty clinics for medical appointments. Volunteers provide transport for this program in a County of Door wheelchair accessible van. The use of this vehicle is in partnership with the Door County Veterans Services Office and the Door County Senior & Community Resource Center. Volunteers are eligible for meal reimbursements when providing transport with this program as well.

Thank you again for your interest in being a volunteer driver and joining Door-Tran's team. To be considered further, please complete the enclosed Volunteer Driver Application packet and return it to Door-Tran. Please feel free to contact me via email at volunteer@door-tran.org or any of the Door-Tran staff at 920/743-9999 or 920/559-9915 with any questions you may have.

Thank you for your interest,

A handwritten signature in black ink that reads "Kim Gilson". The signature is written in a cursive, flowing style.

Kim Gilson
Volunteer Coordinator

Enclosure: Volunteer Driver Application forms

Volunteer Driver Application

This application will be used to establish your eligibility as a volunteer driver for Door-Tran. The information you provide helps us assure you, this organization, and the public, that the highest standards of safety and accountability are maintained. We appreciate your cooperation and interest in being a driver for the Volunteer Driver Transportation Program. Return completed application to Door-Tran.

PLEASE PRINT

Last Name:		First Name:		Middle Name:	
Address:			City:	State:	Zip:
If less than 2 years at this address, previous address:					
Home Phone:	Cell Phone:	E-mail:	@		
Past Volunteer Experience at :				Title:	
Begin Date:	End Date:	Supervisor Name & Phone:			
Volunteer Tasks:					
Current Employer:				Job Title:	
Work Address:		City:	State:	Zip Code:	
Supervisor:		Supervisor's Phone:			
Do you have a current and valid Wisconsin driver's license? <i>If no, please explain:</i>					<input type="checkbox"/> Yes <input type="checkbox"/> No
How long have you had a driver's license?		Years:	Months		
If licensed in Wisconsin less than five years, list licenses previously issued: <i>License Number/State:</i>					
Are there any restrictions on your driver's license? <i>If restricted, state type and date of restriction:</i>					<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had your driver's license suspended, revoked, or refused? <i>If yes, please explain:</i>					<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been required by the state to file evidence of Financial Responsibility (SR22)? <i>If yes, please explain:</i>					<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of your Automobile Insurance Company:					
Have you served in the military? <i>If yes, years of service:</i>					<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list two references (include name, address, phone number):					
1.					
2.					
I am applying to volunteer my services to Door-Tran's Volunteer Transportation program(s) with the understanding that there is not a monetary compensation for my time devoted to the program. Please accept my application for the (circle preferences) <i>Veteran Volunteer Transportation Program</i> and/or the <i>County-Wide Volunteer Transportation Program</i>.					
Signature _____			Date _____		

Dor-Tran Inc d.b.a. Door-Tran Background Check Authorization Form

Note: Submitting an incomplete, inaccurate, or illegible form may delay the background check results
I hereby authorize and request Door-Tran to use the information provided below for the purposes of a volunteer background check to include one, several, or all of the following: Social Security Number verification, address history, national criminal and sex offender history, state and county criminal history and state motor vehicle reports. I also hereby authorize Door-Tran to release this information to and delegate this function to a company of Door-Tran's choice to process the check and its affiliated private and public agencies. I further authorize that a photocopy, facsimile, or electronic copy of this signed authorization be accepted with the same authority as the original. I understand this authorization is part of the volunteer initial & ongoing screening procedure.

Last Name	First Name	Middle Name
Current Address Addresses for the Past Seven Years: (include street, city, state, zip code)		Dates Lived Here Dates of Residence:
Date of Birth	Other Names Used (including maiden name)	Years Used
Social Security Number	Driver's License #	State

Email address (may be used for official correspondence)

SINCE YOUR 18TH BIRTHDAY, HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR BY ANY COURT? MISDEMEANOR AND/OR FELONY CONVICTIONS RELATED TO THE FUNCTIONS OF THE POSITION WILL BE CONSIDERED FOR EMPLOYMENT-RELATED DECISIONS. YOU MAY OMIT CONVICTIONS OF A MISDEMEANOR WHILE UNDER AGE 18 IF THE RECORD WAS SEALED IN ACCORDANCE WITH STATE STATUTE, MINOR TRAFFIC VIOLATIONS, OR ANY OFFENSE THAT WAS FINALLY SETTLED IN JUVENILE COURT OR REFERRED TO THE YOUTH AUTHORITY. **YES NO**

If yes, please indicate date, location, and explanation:

I hereby certify that all statements on this authorization are true and correct to the best of my knowledge. I understand that Door-Tran solicits this information so as to be informed of my record and character and will do so every three years during my service with Door-Tran. Door-Tran will also do ongoing driver's license checks on a quarterly basis. I understand that my volunteer duties with Door-Tran depend upon successful completion of a background investigation. If approved, I understand that any falsification, misrepresentation, or omission of facts of this record may be considered grounds for disqualification, release or dismissal. I further understand that this background check is performed in accordance with the Fair Credit Reporting Act and the Federal Driver's Privacy Protection Act.

VOLUNTEER SIGNATURE: _____ **DATE:** _____

Dor-Tran Inc d.b.a. Door-Tran Volunteer Driver Agreement

This Agreement establishes the rights and responsibilities of the Volunteer Driver who volunteers for Door-Tran's Volunteer Transportation Programs. The Volunteer Driver is not an agent, servant or employee of Door-Tran; they are an independent/volunteer party participating in Door-Tran's volunteer programs.

Driver Qualifications:

1. Be 21 years of age or older and have a minimum of two years driving experience,
2. Have a good driving record resulting in no more than (2) two traffic violations and (0) zero driving under the influence (DUI/OWI) or reckless driving citations in last three years,
3. Have a valid driver's license and personal auto insurance required by the state of Wisconsin

The Volunteer Driver agrees during the term of this agreement to:

1. Maintain a valid driver's license and vehicle insurance as required by the State of Wisconsin and comply with any restrictions to such license throughout the period of operating as a Volunteer Driver. Notify Door-Tran staff immediately when no longer in accordance with this agreement and discontinue driving if no longer eligible.
2. Operate personal and/or county-owned vehicles safely in accordance with all applicable laws, ordinances, rules and regulations at all times. Provide notification to Door-Tran staff immediately if any traffic citation is received. Provide a copy of the traffic citation and proof of the resolution within thirty days. I agree that any citation which results in failure to meet Driver Qualifications may result in immediate dismissal.
3. Report all accidents/incidents while operating as a Volunteer Driver to Door-Tran staff immediately. Report any injury to self or rider(s) immediately. Cooperate fully with Door-Tran staff in all accident investigations, reporting, and/or settlements.
4. Provide riders safe and reliable transportation to and from destination(s) in a timely manner. Notify Door-Tran staff as soon as possible if unable to drive for a scheduled trip.
5. Receive mileage reimbursement for loaded miles of trips scheduled by Door-Tran when driving personal vehicle. (Mileage is not reimbursed when operating a county-owned vehicle).
6. Will abide by all conditions/terms listed in the Volunteer Driver Policies and Procedures, applicable handbook, and those stated in this agreement throughout my volunteer term.
7. Will not except any gratuities/tips from riders.
8. Will not smoke, drink or carry alcohol, illegal drugs or weapons in the vehicle while operating as a Volunteer Driver and will ensure that riders follow this as well.
9. Will ensure that personal vehicle(s) used for transporting riders are kept clean and mechanically safe inside and outside.
10. Complete reports as requested by Door-Tran staff and submit as scheduled.
11. Will successfully complete the Driver Orientation prior to operating as a Volunteer Driver.
12. Will notify Door-Tran staff, in writing, of wishes to terminate this agreement.
13. Door-Tran may terminate this agreement with a 24 hour written notice due to any non-compliance issues with regards to the agreement.

My signature below, verifies that I have read and agree to the terms of this agreement:

Signature of Volunteer Driver

Date

Signature of Authorized Staff

Date