



Hello Volunteer Driver Candidate,

Thank you for your interest in volunteering with RTP. We provide rides to thousands of people every year who have no other way to get where they need to go. We depend on our volunteer drivers to make this happen, and we look forward to having you join the crew!

The process of becoming a volunteer driver is not difficult, but does require a little time, paperwork, and orientation before we can get you on the road. **The first step is to fill out the Volunteer Driver Application and return it to RTP.** Please take your time and answer all sections completely.

RTP's Volunteer Driver Selection Standards conform to eligibility guidelines set by the State of Maine, with additional standards set by RTP. Background checks, criminal history, driving records, and DHHS abuse and neglect reports must be completed prior to your participation as a Volunteer Driver, but may not be complete at the time of the Orientation Session.

Volunteer drivers are an important part of the RTP Team. Thank you for considering this rewarding volunteer opportunity.

You can learn more about RTP by checking the website: [www.rtprides.org](http://www.rtprides.org)

**If you have any questions, please call 774-2666 EXT. 110.**

Sincerely,

Regional Transportation Program



Please let us know how you heard about the volunteer driver opportunity.

- RTP Flyer
- Public Service Announcement (TV)
- Craigslist.com
- Presentation by RTP Staff
- Job Fair
- Career Center
- Friend
- RTP Volunteer Driver: \_\_\_\_\_
- RTP Employee: \_\_\_\_\_
- Other: \_\_\_\_\_

**Please return your completed Volunteer application to:**

Regional Transportation Program (RTP)  
ATTN: Office Assistant  
127 St. John Street  
Portland, Maine 04102



## Volunteer Driver Information

**PLEASE PRINT**

Name	
Street Address (House#, Street Name, City, State, ZIP)	
Mailing Address, if Different	
Home Phone Number / Cell Phone Number	/
E-Mail Address	

**License Information: (You must be 21 years of age and have had a valid license for at least 3 years)**

How many years have you held a driver's License?	
State & Driver's License Number	
Driver's License Expiration Date	
Date of Birth	
Social Security Number	

### **DRIVING HISTORY**

**Have you ever been denied a license, permit or privilege to drive? YES \_\_\_\_\_ NO \_\_\_\_\_**

**Have you ever been convicted of an OUI or driving under the influence of drugs in past 10 years? YES \_\_\_\_\_ NO \_\_\_\_\_**

### **Traffic Convictions in the last 10 Years (Tickets, Suspensions, At-Fault Accidents)**

Date:	Offense	Location

## PERSONAL HISTORY

Have you ever been convicted of any crime in the past 10 years?	YES _____	NO _____
Do you have any charges pending against you? If YES, please explain:	YES _____	NO _____

DATE	OFFENSE	LOCATION	DISPOSITION/PENALTY

### Personal or Professional References

Name:	PHONE#	Years Known:
Name:	PHONE#	Years Known:
Name:	PHONE#	Years Known:

HAVE YOU EVER BEEN CONVICTED OF A FELONY?	YES _____	NO _____
HAVE YOU EVER BEEN INVOLVED IN A CHILD OR ADULT PROTECTIVE CASE WITH ANY STATE DEPARTMENT OF HEALTH AND HUMAN SERVICES?	YES _____	NO _____

### AUTHORIZATION & CERTIFICATION

<p>I understand and give permission by my signature below for Regional Transportation Program, Inc. to check my personal references, criminal background check and driving records.</p> <p>I certify that any documentation I sign is accurate and complete, including disclosure of driving and criminal records. I also confirm that I have not been involved in a child protective case and have no adverse record with the Department of Health &amp; Human Services.</p> <p>I acknowledge that any position offered to me by Regional Transportation Program, Inc. is contingent upon the results of my pending background investigation, and driving records check.</p> <p>I understand that providing any false or misleading information or intentional omission of information is grounds for immediate dismissal.</p>	
Signature:	Date:

## Volunteer Driver Statement of Medical Condition

Below is a checklist of certain conditions, drugs commonly prescribed and their potential side effects on driving. Check any that apply to you and describe below your condition, level of medication, the effects it has on your driving, and any other comments relative to how your physical or emotional condition and/or drugs taken influences your ability to drive safely. Then sign in the space below.

CHRONIC PHYSICAL CONDITIONS	DRUG TYPE	SIDE-EFFECTS ON DRIVING
<input type="checkbox"/> Arthritis	Analgesics	Drowsiness, inability to concentrate
<input type="checkbox"/> Allergies	Antihistamines	Drowsiness, confusion
<input type="checkbox"/> Common Cold	Antihistamines	Drowsiness, blurred vision, dizziness
<input type="checkbox"/> Diabetes	Oral Hypoglycemic	Drowsiness, inability to concentrate
<input type="checkbox"/> Hypertension	Antihyperactives	Drowsiness
<input type="checkbox"/> Rheumatism	Analgesics	Drowsiness, inability to concentrate
<input type="checkbox"/> Weight Control	Stimulants	False feeling of alertness, over excitability
<input type="checkbox"/> Heart Condition	Blood thinners	Drowsiness, blurred vision

OTHER CONDITIONS	DRUG TYPE	SIDE EFFECTS ON DRIVING
<input type="checkbox"/> Anxiety	Sedatives	Drowsiness, staggering
<input type="checkbox"/> Depression	Stimulants	False feeling of alertness, over excitability
<input type="checkbox"/> Fatigue	Stimulants	False feeling of alertness, over excitability

**Other conditions and/or medications that RTP should be aware of:**

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**Additional Comments:**

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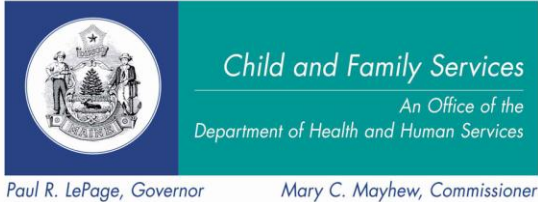
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By signing below you certify that you do not have any condition and/or are NOT taking any medications that would adversely affect your ability to safely operate a vehicle and perform your duties as a volunteer driver. Your signature also certifies that, should it become necessary for you to take medication that would prevent you from safely operating a vehicle and performing Volunteer Driver duties, you will notify RTP's Operations Manager **IMMEDIATELY**.

**Name (Print)** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_







Department of Health and Human Services  
Child and Family Services  
2 Anthony Avenue  
11 State House Station  
Augusta, Maine 04333-0011  
Tel. (207) 624-7900  
Fax (207) 287-5282; TTY (800) 606-0215

**AUTHORIZATION RELEASE OF CONFIDENTIAL SUBSTANTIATED  
MAINE CHILD ABUSE AND NEGLECT RECORDS INFORMATION**

Agency/Provider to receive this information:

Agency ID#: **2060**

**Cindy Gilson  
Regional Transportation Program, Inc.  
127 St. John Street  
Portland, ME 04102**

I, \_\_\_\_\_, authorize the Maine Department of Health and Human Services to release  
**(Please print clearly)**  
confidential information to the above agency regarding whether I have been involved in a substantiated Maine  
Child Protective Services case and the nature of that involvement.

**I understand that:**

- This release may be revoked by me in writing at any time, except for information that has already been released. For details contact Child Protective Intake at 1-800-452-1999 x2.
- Disclosure will include the determination by the Department of any specific abuse/neglect to a child by me and any actions taken by me or the Department.
- I may make a statement for the Department's record regarding the findings about me and any actions taken by me at that time or later to deal with the problems identified. Such statement becomes case record information for this or any other requests or authorizations for disclosure. For details, contact Child Protective Intake 1-800-452-1999 x2.
- This information will be used as part of the above agency's assessment of my suitability to provide services for children, adults, and families they serve.
- This information is subject to continuing confidentiality as provided by Maine statute, 22 M.R.S. §4008.
- This release will expire upon the disclosure of the information as authorized.
- The fee for this process is \$15.00 per person as authorized by 22 M.R.S. § 4008(6) and 10 148 DHHS Chapter 202 (2004), payable to Treasurer State of Maine.

**PLEASE DO NOT LEAVE ANY SPACES BLANK**

DATE OF BIRTH: \_\_\_\_\_ ALIASES (including maiden): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MAINE ADDRESS: \_\_\_\_\_

**RESULT BELOW (To be completed by DHHS):**

As of \_\_\_\_\_, this person was **NOT INVOLVED** in a substantiated Maine Child Protective Services case.

\_\_\_\_\_  
DHHS, OCFS, Child Protective Intake Staff

**IF RESULT AREA IS BLANK, SEE REVERSE SIDE/ATTACHMENT→**