



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

If you have any questions, please call 774-2666 EXT. 7605

Sincerely,

Regional Transportation Program

Please return your completed Volunteer application to:

Regional Transportation Program (RTP)
Attn: Volunteer Application
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 & 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:

N/A

Additional Comments:

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: _____

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Child and Family Services
11 State House Station
2 Anthony Avenue
Augusta, Maine 04333
Tel.: (207) 624-7900; Toll Free: (877) 680-00115866
TTY: Dial 711 (Maine Relay); Fax: (207) 287-5065

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

Agency/Provider to receive this information:

Agency ID#: **2060**

Danielle Beesley
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.
- This information will be used as part of the above agency's assessment of my suitability to provide services for children 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. o 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; a postage paid return envelope is enclosed.
- 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; a postage paid return envelope is enclosed.

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 has no substantiated findings of Child Abuse or Neglect in the State of Maine.

DHHS, OCFS, Child Protective Staff

IF RESULT AREA IS NOT SIGNED, SEE ATTACHMENT →
Updated 2019

**MAINE DEPARTMENT OF EDUCATION
APPLICATION FOR INITIAL EDUCATIONAL APPROVAL**

1. NAME (First, MI, Last, and optional suffix such as Jr., III)		2. Social Security Number	3. Other name(s) under which Your records are filed	DATE
4. Mailing Address		5. EMAIL Address	6. City or Town	7. State
8. Zip Code				
9. Home Phone	10. Sex ____ Male ____ Female	11. Date of Birth / / mo. day yr.	RETURN TO: DEPARTMENT OF EDUCATION CERTIFICATION OFFICE 23 STATE HOUSE STATION, AUGUSTA, ME 04333-0023	

THE FOLLOWING QUESTIONS MUST BE ANSWERED AND THE BOX CHECKED:

1. Have you ever had any professional certificate or license revoked or suspended or voluntarily surrendered it? YES_____ NO_____
2. Have you ever received a reprimand or other disciplinary action involving any professional certification or license? YES_____ NO_____
3. Have you ever been convicted of any misdemeanor or felony offense no matter the age? (this would include OUI's) YES_____ NO_____
4. Have you ever been substantiated by any states health and human services department for child abuse, either sexual or physical? YES_____ NO_____
5. Are you required to register as a sex offender in any state? YES_____ NO_____
6. Do you currently have any outstanding criminal charges or warrants of arrest pending against you in this state or another state or country? YES_____ NO_____
7. Have you ever been investigated by an employer for inappropriate conduct or left a position while an investigation was pending; or to stop an investigation from moving forward? YES_____ NO_____

If the answer is yes to any of the above, please attach a detailed explanation.

I understand that this application contains no misrepresentations or falsehoods. I understand that misrepresentations or falsehoods may be cause for denial or revocation of my educational credential. I understand that I must notify the Commissioner of the Maine Department of Education in writing within 30 days if in the future the answers to any of these questions change.

Have you had your fingerprints taken as required by the Criminal History Record Check? (See enclosed instructions.)

_____ YES _____ NO

If yes, where _____ Date: _____

I authorize the Dept. of Education to charge the applicable fees for this application:

M/C ___ VISA ___ EXPIRATION DATE ___ CREDIT CARD NUMBER _____

I hereby declare or affirm under penalty in the law for unsworn falsification that this application, and any supporting documentation provided in support of this application, contains no willful misrepresentations or falsifications and that the information given by me is true, accurate, and complete to the best of my knowledge and belief, and so far as based on information and belief, I believe the information to be true. I understand that my answers may be verified and that I may be declared ineligible for certification and subject to civil or criminal penalties if there are any misrepresentations.

SIGNATURE OF APPLICANT _____ **DATE** _____