



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

Sincerely,

Regional Transportation Program

Please return your completed Volunteer application to:

Regional Transportation Program (RTP)
Attn: Volunteer Application
1 Ledgeview Drive
Westbrook, ME 04092

Regional Transportation Program

Application for Volunteer Driver

Name: _____ Date: _____
Last Name, First Name

Mail Address _____ Phone: _____
Street, City, State, Zip

Email: _____ Additional Phone: _____

Are you over the age of 21? Yes No
Have you had your US driver's license for at least 3 years? Yes No

PERSONAL OR PROFESSIONAL REFERENCES

<u>Name</u>	<u>Telephone</u>	<u>Years Acquainted</u>

PLEASE READ, INITIAL EACH STATEMENT AND SIGN BELOW

_____ I understand that my initial and ongoing eligibility to volunteer for RTP depends on the results of criminal background checks, motor vehicle checks & DHHS checks, and maintaining those results.

_____ I confirm that I have not been involved in a child protective case and have no adverse record with the Department of Health and Human Services.

_____ I agree to notify RTP of any traffic violations/citations (except parking tickets), license restrictions, suspensions, revocations, and/or cancellations immediately and within 30 days of their occurrence, regardless of the jurisdiction or severity of the violation, and regardless of if the infraction was with my personal vehicle or in a company-owned vehicle.

_____ I have read the document, "Volunteer Driver Statement of Medical Condition" and I confirm that I am not taking any medications that would impair my ability to drive safely, & that I can perform duties with/without reasonable accommodation. If this changes, I know I am required to inform RTP immediately.

Signature _____
Date

Notice: The position you are applying for requires passing the following background checks: Criminal History, DHHS background, and References. RTP will pay for all required checks. RTP is an equal opportunity employer and does not discriminate based on race, color, national origin, ancestry, religion, gender, disability, veteran status, age, sexual orientation, marital status, or genetic information. If you need an accommodation to complete this application, participate in an interview, or in employment, please consult the hiring manager.

VOLUNTEER DRIVER STATEMENT OF MEDICAL CONDITION

Below is a checklist of certain common conditions, types of drugs commonly prescribed, and their potential side effects on driving. Please consider if you have any of the mentioned conditions, or some other condition, and the impact of that condition or its treatment on your ability to drive safely. Then sign in the space below.

Conditions	Medication Type	Side-Effects on Driving
Allergies (including a cold)	Antihistamines	Drowsiness, confusion, blurred vision, dizziness
Anxiety	Sedatives	Drowsiness, staggering
Arthritis	Analgesics	Drowsiness, inability to concentrate
Depression	Stimulants	False feeling of alertness, over excitability
Diabetes	Oral Hypoglycemic	Drowsiness, inability to concentrate
Fatigue	Stimulants	False feeling of alertness, over excitability
Heart Condition	Blood thinners	Drowsiness, blurred vision
Hypertension	Antihyperactives	Drowsiness
Rheumatism	Analgesics	Drowsiness, inability to concentrate
Weight Control	Stimulants	False feeling of alertness, over excitability

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, if you were to develop a condition and/or 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**.

Printed Name: _____ Date: _____

Signature _____