



RURAL COMMUNITY TRANSPORTATION  
1677 INDUSTRIAL PARKWAY  
LYNDONVILLE, VT 05851  
PHONE: 802-748-8170  
WEBSITE: WWW.RIDERCT.ORG

**VOLUNTEER DRIVER PROGRAM APPLICATION**

**APPLICANT INFORMATION**

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

TOWN/CITY \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

TOWN/CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

DO YOU CURRENTLY HAVE A VALID DRIVERS LICENSE? \_\_\_\_\_

**DRIVING PREFERENCE**

All ride assignments are optional—please let us know how much or how little you want to volunteer.

ARE YOU COMFORTABLE DRIVING IN WINTER SNOW CONDITIONS? \_\_\_\_\_

ARE YOU ABLE TO DRIVE DURING DUSK/DAWN AND NIGHT HOURS? \_\_\_\_\_

ARE YOU ABLE TO ASSIST A PASSENGER TO AND FROM THE VEHICLE? \_\_\_\_\_

ARE YOU ABLE TO ASSIST A PASSENGER WITH A WHEELCHAIR OR A WALKER? \_\_\_\_\_

ARE YOU WILLING TO TRAVEL LONG DISTANCES, SUCH AS BURLINGTON, HANOVER N.H.? \_\_\_\_\_

**PUBLIC INTEREST INFORMATION**

PLEASE BRIEFLY DESCRIBE WHY YOU WISH TO BE A VOLUNTEER DRIVER:

HOW DID YOU LEARN ABOUT THE VOLUNTEER DRIVER PROGRAM?

PLEASE DESCRIBE ANY PREVIOUS VOLUNTEER OR RELEVANT WORK EXPERIENCE THAT MAY BE HELPFUL FOR US TO KNOW:

REFERENCES

Please provide the names and contact information of three (3) references that we may contact who are not related to you.

1.

NAME

DAY PHONE

EMAIL

MAILING ADDRESS

2.

NAME

DAY PHONE

EMAIL

MAILING ADDRESS

3.

NAME

DAY PHONE

EMAIL

MAILING ADDRESS

Please note: RCT volunteer drivers must have a valid driver’s license, provide documentation of up-to-date auto insurance, and consent to background checks including, reference checks and criminal and motor vehicle history, with acceptable results of all background checks required. RCT will contact you regarding this information after a conditional offer of a volunteer opportunity is made.

APPLICANT AUTHORIZATION

Rural Community Transportation, Inc. (RCT) does not discriminate on the basis of race, color, religion, national origin, sex, pregnancy, age, disability, sexual orientation, gender identity, genetic information, HIV-positive status, ancestry, place of birth, citizenship status, veteran/military status, crime victim status, or any other characteristic protected by federal, state or local laws. This policy applies to all of RCT’s volunteer program practices, including recruitment, selection, assignments, training, discipline, and termination.

I understand and acknowledge that neither completion of this application nor any other part of my consideration for a volunteer opportunity with RCT establishes any obligation for RCT to provide me with a volunteer opportunity. I further understand and acknowledge that, if I become a volunteer driver with RCT, RCT or I can terminate my volunteer relationship with the Agency at any time and for any reason, with or without cause and with or without prior notice. I understand that no representative of RCT has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to RCT true and complete information on this application and any attached supplemental materials, and that no requested information has been concealed. I authorize RCT to contact the references provided for volunteer opportunity reference checks. If any information I have provided is false, or if I have concealed material information, I understand that this will constitute cause for the denial of a volunteer opportunity or immediate termination of an existing volunteer relationship.

Signature of Volunteer Applicant:	
Printed Name of Volunteer Applicant:	Date: