

## Ashland Christian Emergency Services



Hanover Senior Rides Program  
P.O. Box 114, Ashland, VA 23005

(804) 543-6115

[www.aceshanover.org](http://www.aceshanover.org)

### Volunteer Driver Application Package

Dear Volunteer Driver,

Thank you for volunteering to be a driver for the Hanover Senior Rides Program. We want your experience as a volunteer to be as rewarding and enjoyable as the service you will be providing is to our/your clients. There are several requirements to qualify as a volunteer driver. We have these requirements for two reasons: (1) we are serving our treasured friends and (2) everyone in our community needs to have confidence that our volunteer drivers are well qualified.

The enclosed information and forms are part of the Volunteer Driver package. Please read each carefully, complete the application, and return the package to ACES. Enclosed are:

- Hanover Senior Rides Driver Application
- Form CRD93 to request your DMV driving record (complete the highlighted sections)
- Disclosure and Authorization Form to allow us to request a background check.
- Hanover Senior Rides Driver Job Description

You will need to take the Form CRD93 to DMV to request your driving record. Only you can request the driving record. The cost is approximately \$12.00, but we will reimburse you for the cost. You may also request this information online at <https://www.dmv.virginia.gov/#/>

Volunteers Drivers will have \$1,000,000 in liability insurance coverage provided by the State of Virginia Division of Risk Management. This insurance covers the volunteer driver and the vehicle while the rider is in the volunteer's car. Also, volunteer drivers will be paid 35 cents per mile for miles traveled for the round-trip.

One of the requirements for the insurance is the AARP driver safety training. With this AARP safety training your insurance company may provide a discount on your insurance premium. We will pay for your attendance for the safety training. If you are an AARP member, please provide your member number as there is a discount for those members. One final comment on the safety training – these are informative sessions; there are no tests.

Please call the Rides Coordinator for ACES at (804) 543-6115 if you have any questions and again, thank you for agreeing to serve as a Volunteer Driver.

**Hanover Senior Rides  
Volunteer Driver Application Form**

*(Please print)*

**Contact Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email \_\_\_\_\_ Are you a veteran? Yes \_\_\_ No \_\_\_

Virginia Driver's License # \_\_\_\_\_

Handicap sign ID \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Insurance Information**

All Volunteer Drivers must have at least the minimum auto insurance coverage required by the state of Virginia. The following information is needed for the Virginia Division of Risk Management to include you in the Agency Master Insurance Policy.

Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Agent or Agency: \_\_\_\_\_

**Driving Record and Vehicle Information**

Have you been charged with any traffic violation(s) within the last three years? Yes \_\_\_ No \_\_\_

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Please describe the vehicle that you will be using to provide volunteer transportation.

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Vehicle License # \_\_\_\_\_ Color \_\_\_\_\_

**Availability:**

**Please designate the days and times you are available to drive.**

**Monday:** \_\_\_\_\_

**Tuesday:** \_\_\_\_\_

**Wednesday:** \_\_\_\_\_

**Thursday:** \_\_\_\_\_

**Friday:** \_\_\_\_\_

Please indicate all of the times you may be available to serve as a Hanover Senior Rides volunteer driver. (For example, if you are available any Tuesday and on the first and third Wednesdays, please indicate this on the appropriate days.)

Please indicate any place you are **not** available to go. \_\_\_\_\_

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**Medical Information**

Do you have any medical or physical conditions that may interfere with your ability as a volunteer driver for Hanover Senior Rides? Yes\_\_\_\_\_No\_\_\_\_\_If yes, is it corrected with medication or other means? Please explain below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I will inform Hanover Senior Rides should any of this information change.

Please Print Name: \_\_\_\_\_

Signature\_\_\_\_\_ Date\_\_\_\_\_

***Thank you for agreeing to serve as a volunteer driver for Hanover Senior Rides.***

***Please return your application to the appropriate agency listed below***

**MCEF  
P. O. Box 604  
Mechanicsville, VA 23111**

**ACES  
P. O. Box 114  
Ashland, VA 23005**

DISCLOSURE and AUTHORIZATION – BACKGROUND INVESTIGATION

In connection with my application to serve as a volunteer with the Ashland Christian Emergency Services (ACES) PO Box 114, Ashland, VA 23005 (“Client”), I understand that an investigative background report must be conducted by Protect My Ministry, Inc., (“Protect My Ministry”), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character and general reputation and the report may also contain information about me relating to any criminal history, social security number verification, verification of education or employment history, or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I serve as a volunteer, throughout the course of my volunteer service, as permitted by law and unless revoked by me in writing. I understand that I have the right, upon written request made within a reasonable amount time after the receipt of this notice, to request disclosure of the nature and scope of any investigative report to Protect My Ministry, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-800-319-5581, Fax: 800-319-5582. For information about Protect My Ministry’s privacy practices, see [www.protectmyministry.com](http://www.protectmyministry.com).

Acknowledgement and Authorization

By signing below, I voluntarily and knowingly authorize Client or its authorized agents to obtain an investigative report about me. I understand to aid in proper identification of my files or records, the following personal identifiers are necessary.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Last Name First Name Middle Name/Initial

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

\_\_\_\_\_  
SSN D/L or State ID State Issued

Email Address: \_\_\_\_\_

For identification purposes only, please provide FULL DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please List Other Names Used \_\_\_\_\_

Protect My Ministry, Inc.  
14499 Dale Mabry Hwy, Suite 201 South  
Tampa, FL 33618

## **Hanover Senior Rides Driver Selection and Retention Guidelines**

### **The Eligibility of a volunteer driver for Hanover Senior rides is as follows:**

A safe driver is the most important resource in any transportation program. The Hanover Senior Rides Program has established specific driver qualifications for volunteer drivers. We must assure safe, reliable transportation for our senior clients. Because the success of the Hanover Senior Rides Program is dependent on the volunteer driver, a good driving record is the first requirement. The applicant must obtain their driving history from the Virginia DMV - go to <http://www.dmv.virginia.gov/home/#/> , click on forms, complete Form CRD-93 for your driving record, and submit it with the Volunteer Driver Application. Since an investigative background check is also required of each driver, the Disclosure and Authorization form for Protect-My-Ministry, Inc, must be submitted with the driver application.

**LICENSE:** A volunteer driver must be at least 21 years of age with at least 5 years of driving experience.

**SUSPENSION OR REVOCATION OF LICENSE:** Report of a suspension/revocation within the past 5 years may cause a potential volunteer driver's application to be rejected. Report of a suspension/revocation within the last 10 years for reckless driving, hit-and-run, leaving the scene of an accident, driving while under the influence of alcohol or drugs, driving while impaired, or a felony will result in application rejection.

**VIOLATIONS:** Any moving violations received by a potential volunteer driver will be reviewed and may result in application rejection. A "Failure to Appear" on a driving record may result in application rejection.

**ACCIDENTS:** Any accident in which a potential volunteer driver has been involved will be reviewed and may result in application rejection.

**INSURANCE HISTORY:** Cancellation or non-renewal of insurance coverage within the past 5 years will be reviewed. If the action is related to the applicant's driving behavior, the application may be rejected. Filing of a Certificate of Financial Responsibility by a potential volunteer driver due to his/her personal driving record may also result in application rejection.

**ABILITY TO PERFORM DRIVING FUNCTIONS:** A potential volunteer driver must be physically able to perform essential driving functions and be able to assist riders entering or exiting the vehicle.

**TO MAINTAIN ELIGIBILITY:** Drivers must immediately report any traffic violations, their license renewal dates, and any change to their insurance coverage to the Hanover Senior Rides Director or ACES Transportation Director. Drivers must also renew the Driver Safety Training every three years.