

Community Action Programs Cayuga/Seneca
89 York Street, Suite #1, Auburn, NY 13021
315-255-1703

Volunteer Application
Medicaid Transportation Driver Program

Community Action Programs Cayuga/Seneca (CAP) considers applicants for volunteers without regard to race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, disability, genetic information, marital status, amnesty, veteran status or any other legally protected status. We provide reasonable accommodation to individuals with disabilities when it would not be an undue hardship. If you need reasonable accommodation in the pre-placement process, please contact Human Resources.

Please **PRINT** clearly. This application must be completed in full and signed personally by the applicant.

NAME: _____
 Last First M.I. Date of Application

ADDRESS: _____
 Street City State Zip

_____ _____ _____
Cell Phone Number Home Phone Number E-Mail Address

Program Requirements for Volunteers and their personal vehicle:

- Must be at least 18 years of age.
 - Volunteer's vehicle must be no more than 12 years old.
 - Must have a clean and valid NYS driver's license.
 - Must have the minimum vehicle insurance requirements: (both bodily injury and property damage) and proof of a minimum policy for liability coverage of \$100,000 per person/\$300,000 per accident. Proof of such insurance is required and must be maintained.
 - Must show proof of vehicle registration.
 - Must be approved to drive by Agency's vehicle insurance carrier.
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Are you 18 years of age or older? Yes No

Do you possess a clean, valid N.Y.S. driver's license? Yes No

Please tell us why you would like to volunteer with our Agency: Describe your skills and/or experiences you would use while volunteering at our Agency. Why did you choose CAP?

How did you hear about our volunteer services at CAP? _____

Transportation services are needed in Cayuga and Seneca Counties.

Check areas which interest you (one or both): Cayuga County Seneca County

Highest Level of Education: High School/GED Some College College Graduate

Are you employed now? Yes No

What are your hours of availability?

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>
From _____	From _____	From _____	From _____	From _____	From _____	From _____
To _____	To _____	To _____	To _____	To _____	To _____	To _____

All volunteers are required to attest to a criminal record, if any. Convictions will not necessarily disqualify you from participating. Any false representation will result in immediate removal from their volunteer service.

Have you ever been convicted (found guilty) of a felony or misdemeanor? Yes No

If yes, please describe all convictions, when they occurred, the facts and circumstances involved:

Experience: (Please include both paid and volunteer work experience, beginning with the most recent)

Employer or Volunteer Organization	City/State	
From _____	To _____	Position
Employer or Volunteer Organization	City/State	
From _____	To _____	Position

PERSONAL REFERENCES - List 2 people other than relatives.

Name	Phone	Relationship to Applicant
Name	Phone	Relationship to Applicant

I give Community Action Programs Cayuga/Seneca permission to check my references. I hold harmless any individual, agency, or business that provides information or documents to Community Action Programs Cayuga/Seneca. I understand that the information will be used as part of the verification of my volunteer application.

I certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation in my application or placement interview may result in the rejection of my application and discharge from the volunteer program.

I consent to having the Community Action Programs Cayuga/Seneca complete a Sex Offender and criminal background check prior to volunteering.

I understand that a copy of my driver's license will be given to CAP for processing. CAP's vehicle insurance carrier will process a driving abstract and give CAP approval or disapproval to become a volunteer driver in this program.

Upon being offered a volunteer position, I understand that I am required to attend a volunteer orientation and will be given a Volunteer Handbook, Statement of Confidentiality Policy, and the Code of Ethics Policy, along with acknowledgement forms to sign.

Applicant's Signature: _____ Date: _____

Parental Signature, if applicable: _____ Date: _____