Volunteer Driver Resources from Tri-Valley Transit (June 2022)

The following resources were created by Tri-Valley Transit (www.trivalleytransit.org/) and were mentioned at the 2022 Vermont E&D Summit. InDesign templates for these files are available upon request.

Please note that each resource is designed for a different format – including paper size, resolution, etc.

The following resources are included in this packet:

1. Sample email scripts
2. Volunteer Recruitment Poster (designed for 11x17 paper)
3. Advertisement – “You’re in the Driver’s Seat” (designed for 1200 x 628 pixels)
4. Advertisement – “It’s a win – win!” (designed for 1200 x 628 pixels)
5. Volunteer Brochure (designed for 8.5x11 paper)
6. Advertisement – “Give a lift – get a lift” (300 x 600 pixels)
7. Volunteer Program Application packet (March 2022 version, 8.5 x 11 paper)

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**Sample E-Mail Scripts**

<table>
<thead>
<tr>
<th>E-Mail Script</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID has been especially hard on our elderly and the human service agencies who care for them. Now that seniors are catching up on deferred medical appointments, there is a critical need for Volunteer Drivers to get them there. Call our partner, Tri-Valley Transit, if you can help get people moving again. Mileage reimbursed! You determine how much time you can give and TVT works around your schedule. Ask for Amy at (802)388-2287.</td>
</tr>
<tr>
<td>Did you know that Age Well partners closely with Tri-Valley Transit to help our senior neighbors get where they need to go? Do you have a few hours/week to give and a reliable car? Please consider registering with Tri-Valley Transit (TVT) as a Volunteer Driver. TVT handles all the logistics, reimburses for mileage, and provides supplemental insurance. For more info call Amy Buxton at (802)388-2287</td>
</tr>
<tr>
<td>Your spare time can make all the difference to a homebound senior or disabled adult. Call our partner, Tri-Valley Transit, if you can give a few rides a month to help vulnerable neighbors access medical appointments, food and other necessities. Ask for Amy Buxton at (802)388-2287 for more information.</td>
</tr>
<tr>
<td>If you have a car and a little spare time you can make a huge difference to a homebound senior. Tri-Valley Transit, our longstanding partner in senior mobility, has a critical need for Volunteer Drivers to meet rising demand for medical trips, food shopping and social outings. Mileage reimbursed! Call Amy Buxton at (802)388-2287.</td>
</tr>
</tbody>
</table>
Do you enjoy driving and helping homebound seniors live their best lives? Our partner, Tri-Valley Transit, needs you as a Volunteer Driver. You set your availability limits and TVT provides all the logistics and mileage reimbursement. Call Amy Buxton at (802)388-2287 to get started.

Dial-a-Ride access is life-changing for neighbors who would otherwise be shut-in at home, cut off from the care, services and people they need to live a quality life. If you’re interested in volunteering a few hours a week, please call our partners at Tri-Valley Transit to get started. Ask for Amy at (802)388-2287. Mileage is reimbursed and does not affect social security or disability benefits.

Local seniors who can’t drive themselves or access the buses rely on Dial-a-Ride to live healthy vibrant lives. Dial-a-Ride Volunteer Drivers can give as little or as much time as they choose and are reimbursed for all miles driven. Must have a car, a clean driving record and enjoy people. To be a part of this awesome service call Tri-Valley Transit at (802)388-2287.

Give a lift, get a lift

Dial-a-Ride Volunteer Drivers provide life changing transportation to community members going to medical appointments and social service providers. Anyone with a reliable vehicle who enjoys driving and meeting people can be part of this vital connection for older adults and people with disabilities.

How it works:

Volunteer Drivers decide how often they can provide rides and how far they’re willing to drive. Most trips center on medical appointments but may also include rides to senior centers, affordable food locations, counseling, prevention treatment, or various human services programs. Drivers are offered reimbursement at the standard IRS mileage rate.

How to volunteer:

Contact Amy Buxton, Tri-Valley Transit, at abuxton@trivalleytransit.org or by calling 388-2287 Mon-Fri between the hours of 8:00am and 4:00pm.
Volunteer Drivers Needed!

Tri-Valley Transit's Dial-A-Ride Program provides rides for:
older community members, people with disabilities, & Medicaid eligible neighbors who can’t drive themselves.

**VOLUNTEER DRIVERS** provide life-changing access to doctors, food, social activities, and other necessities.

If you have a reliable vehicle, a good driving record, and can pass background checks - your neighbors need you!

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**GIVE A LIFT - GET A LIFT!**
**DOING GOOD FEELS GOOD!**

“There are so many people with no other way to get around. I like that my driving helps families. They don't have to miss work to drive older relatives to the doctor or grocery store.”

- Volunteer Michael E.

“I like to help those who are in need. After going through a heart transplant, I received a lot of help and support. It’s important to give back!”

- Volunteer Driver Jeff W.

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**Volunteer Benefits...**

- Reimbursement at the Federal rate for every mile you drive - $0.58 per mile in 2022!
- Reimbursements are non-taxable and don't impact disability or social security benefits
- Additional insurance coverage over and above your insurance policy
- Flexible Schedule - you tell us when & where you want to drive and we’ll take care of the rest - you’re in the driver’s seat!

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“ I’ve enjoyed meeting and chatting with people I never would have met elsewhere.”

- Volunteer Driver Dorothy M.

“The flexibility in volunteer driving is great for a retiree. TVT will schedule trips for the days and times that I tell them I’m available.”

- Volunteer Driver George P.

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**Get Started Today!**

Contact: **Amy Buxton**, Volunteer Coordinator TVT Addison Region
abuxton@trivalleytransit.org | 802-388-2287 | TDD 711
VOLUNTEER DRIVER PROGRAM

You’re in the Driver’s Seat

You tell us when you’re available and what trips you want to take - it’s all up to you!

For more info contact
Amy Buxton, Volunteer Coordinator
email: abuxton@trivalleytransit.org  phone: 802-388-2287, or TDD 711
web: www.trivalleytransit.org
VOLUNTEER DRIVER PROGRAM

It’s a WIN - WIN!

Generous reimbursement for every mile you drive, while helping neighbors in need get where they need to go!

For more info contact
Amy Buxton, Volunteer Coordinator
email: abuxton@trivalleytransit.org phone: 802-388-2287, or TDD 711
web: www.trivalleytransit.org
**What is Dial-A-Ride?**

In addition to Tri-Valley Transit's Bus Route System, the Dial-A-Ride Program enhances our ability to meet the community's transportation needs.

Dial-A-Ride supports older community members, people with disabilities, and Medicaid eligible neighbors who can't drive themselves or access bus routes.

With the help of volunteer drivers, we provide life-changing access to medical appointments, food, social activities, and other necessities.

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**As a volunteer driver you will**

connect friends,
support independence, &
promote healthy living

For more information about volunteering or to complete an application, contact:

**Amy Buxton**

Volunteer Coordinator
Addison Region

abuxton@trivalleytransit.org

802-388-2287
TDD 711

**Tri-Valley Transit**

*Addison County*
297 Creek Rd
Middlebury, VT 05753

*Orange/N. Windsor Counties*
1 L Street, PO BOX 356
Randolph, VT 05728

www.trivalleytransit.org

TVT is a 501(c)3 non-profit organization

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**Give a Lift - Get a Lift**

**Doing Good Feels Good!**

If you have a reliable vehicle, a good driving record, and can pass background checks - **your neighbors need you!**
Our Mission...

To enhance the economic, social, and environmental health of the region by providing public transportation services for everyone that are safe, reliable, accessible, and affordable.

"The flexibility in volunteer driving is great for a retiree. TVT will schedule trips for the days and times that I tell them I'm available."
- Volunteer George P.

Volunteer Benefits...

As a Volunteer Driver, you give your time, but get many benefits in return!

- Reimbursement at the Federal GSA rate for every mile you drive.
- Reimbursements are non-taxable and don't impact disability or social security benefits.
- Additional insurance coverage over and above your vehicle policy.
- Medical insurance coverage if you are accidentally injured outside your vehicle.
- Access to free driver training courses and potential vehicle insurance discounts.
- Discounts at County Tire.
- Flexible Schedule - you tell us when & where you want to drive and we’ll take care of the rest - you’re in the driver’s seat!

Get Started Today!

Becoming a Volunteer Driver is easy!

Complete an application
Download from our website, or contact Amy at: abuxton@trivalleytransit.org or 802-388-2287

Schedule an orientation
Amy will schedule a time to orient you to the program, plan your availability, and make sure we have all the information we need to get you on the road

Background Checks
Checks help ensure the safety of our riders - when yours have cleared you'll be ready to start driving!

Scheduling
A Dispatcher will contact you when a requested ride matches your availability and preferences

Hit the Road!
Follow instructions on your trip sheet and turn it in for reimbursement. Checks are released every two weeks!

“GIVING RIDES CHANGES LIVES!

“I like to help those who are in need. After going through a heart transplant, I received a lot of help and support. It’s important to give back!”
- Volunteer Driver Jeff W.
GIVE A LIFT - GET A LIFT!
DOING GOOD FEELS GOOD!

With just a few spare hours you can help neighbors access life-changing access to goods and services.

For more info contact
Val Wild, Volunteer Coordinator
email: vwild@trivalleytransit.org
phone: 802-728-3773 TDD 71
web: www.trivalleytransit.org
Tri-Valley Transit enhances the quality of life in Vermont by delivering safe, convenient, and more environmentally efficient transportation solutions.

**Applicant Information**

Name: ___________________________ Date of Birth: ___________________________

Street Address: ______________________________________________________________

Town/City: ___________________________ Zip: ___________________________

Home Phone: _______________ Cell Phone: _______________ Email: _______________

Have you lived outside Vermont in the past 10 years? (circle one) yes / no

Do you currently have a valid VT Drivers License? (circle one) yes / no

Have you been a licensed driver for at least five years? (circle one) yes / no

Valid Vermont Drivers License Number: ___________________________________

**Applicant History**

Have you been in an automobile accident in the past 3 years? (circle one) yes / no

Have you been cited for a traffic violation in the past 3 years? (circle one) yes / no

Have you ever been accused of a crime? (circle one) yes / no If yes, please explain:

Have you ever been interviewed or investigated by the Department for Children & Families (DCF) Family Services Division or the police for child abuse, senior abuse and/or neglect? (circle one) yes / no

If yes, please explain:

**Driving Preferences**

All ride assignments are optional - tell us more about your availability:

Are you comfortable driving in winter snow conditions? ___________________________________

Are you able to drive in the dusk / dawn / night hours? ___________________________________

Are you able to assist a rider to and from your vehicle? _________________________________

Are you able to assist a rider with a wheelchair or walker? _______________________________

Are you willing to drive longer distances, like Burlington, St Johnsbury and Lebanon, NH? __________

Are there specific days of the week that you are available to drive? _______________________________

Any other preferences you want us to know at this time?
Application Questions

Please briefly describe why you want to volunteer as a Dial-A-Ride driver.

How did you hear about the Dial-A-Ride Volunteer Driver program?

If you are 55 years of age or over you are eligible for RSVP (Retired Senior Volunteer Program) membership which may offer additional insurance options. Are you currently a member? (circle one) yes / no

If no, are you interested in more information about RSVP? (circle one) yes / no

Application Authorizations

To become a volunteer driver you must provide a valid drivers license, up to date proof of insurance (with a good driving record), and complete a full background check. Please complete the information in this section and the attached authorization forms from Vermont Department of Motor Vehicles so we can start this process. TVT will contact you for additional information upon processing your initial application.

For the safety and well being of all TVT clients and staff, we require that all potential Dial-A-Ride drivers agree to the following:

I hereby grant Tri-Valley Transit permission to contact the references I have given below, and also grant such references permission to speak truthfully and in detail about me.

I hereby grant Tri-Valley Transit permission to investigate my personal history through any investigative agencies or bureaus of their choice in order to obtain verification in the following:

ADULT ABUSE REGISTRY  CHILD ABUSE REGISTRY  DRIVING RECORD
VERMONT CRIMINAL RECORD CHECK  NATIONAL CRIMINAL RECORD CHECK

REFERENCES:

1) Name: ___________________________ Daytime Phone: ___________________________
   Mailing Address: ________________________________________________________________

2) Name: ___________________________ Daytime Phone: ___________________________
   Mailing Address: ________________________________________________________________

3) Name: ___________________________ Daytime Phone: ___________________________
   Mailing Address: ________________________________________________________________

Signature ___________________________ Printed Name ___________________________ Date ____________

THANK YOU FOR SUPPORTING TRI-VALLEY TRANSIT AND THE COMMUNITIES WE SERVE!
Addison Office, 802-388-2287 | Orange/N. Windsor Office 802-728-3773
info@trivalleytransit.org | www.trivalleytransit.org
CONSENT FOR RELEASE OF REGISTRY INFORMATION

This form is for use with the ON-LINE registry checking system ONLY

**** This consent form must be filled out completely and signed by the current employee, prospective employee, contractor or volunteer and kept on file at the requesting organization. The Agency of Human Services reserves the right to audit these consent forms at any time.

Current or Prospective Employee, Contractor, or Volunteer Information

Full Name: ___________________________ Gender: ___________________________
__________________  FIRST  ____________________  Middle Initial
LAST
Address: ________________________________________________________________

Last four digits of social security number: XXXX-XX

Phone number: ___________________________ Birth Date: ___________________________
Place of Birth: ___________________________ City, State, Country

Other FIRST names I have used, if any (i.e. Nicknames, Aliases): ___________________________
(Type or Print)

Other LAST names I have used, if any (i.e. Maiden Names, Aliases): ___________________________
(Type or Print)

I hereby authorize release of any information of reports of abuse, neglect or exploitation substantiated against me and contained in the Vermont Adult Abuse Registry and/or the Vermont Child Protection Registry to:

(Print Organization Name)

(Prospective) Staff, Contractor, or Volunteer Signature ___________________________ Date ___________________________

FORM D
Requests for Vermont Department of Motor Vehicles records must be submitted on this form. The form must be completed in ink.

All applicable sections of this form (front and back) must be completed to obtain the requested information. Do not mail cash! Make check or money order payable (in U.S. funds only) to: Vermont Department of Motor Vehicles.

<table>
<thead>
<tr>
<th>Listing</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Listings of 1 through 4 current or expired registrations</td>
<td>$8.00</td>
</tr>
<tr>
<td>Listing of 1 through 4 current or expired operator’s license</td>
<td>$8.00</td>
</tr>
<tr>
<td>Certified copy of current or original registration application</td>
<td>$8.00</td>
</tr>
<tr>
<td>Certified copy of expired operator’s license application</td>
<td>$8.00</td>
</tr>
<tr>
<td>Certified copy of individual accident report</td>
<td>$12.00</td>
</tr>
<tr>
<td>Certified copy of vehicle title search, title info, lien info.</td>
<td>$22.00</td>
</tr>
<tr>
<td>Certified copy of vessel, snowmobile or ATV title search</td>
<td>$13.00</td>
</tr>
<tr>
<td>Certified copy of 3 year operating record (Vermont only)</td>
<td>$14.00</td>
</tr>
<tr>
<td>Certified copy of complete operating record (Vermont only)</td>
<td>$20.00</td>
</tr>
<tr>
<td>Certified copy of proof of mailing</td>
<td>$8.00</td>
</tr>
<tr>
<td>Certified copy of proof of mailing</td>
<td>$8.00</td>
</tr>
<tr>
<td>Certified copy of mail receipt</td>
<td>$8.00</td>
</tr>
</tbody>
</table>

Lists of registered dealers, transporters, periodic inspection stations, rental vehicle companies, fuel dealers and distributors (including gallons sold or delivered) | $8.00 per page

Other – Write explanation on reverse side of this form. All other items of information requested will be furnished at a minimum charge of $8.00.

I am requesting information concerning:

<table>
<thead>
<tr>
<th>VIN</th>
<th>Vehicle Make</th>
<th>Vehicle Year</th>
<th>VT License Plate #</th>
<th>Expiration Date</th>
</tr>
</thead>
</table>

Name
VT Driver License Number
Date of Birth
Street/Box Number
Social Security Number
City
State
Zip Code

Date(s) you want covered, if applicable (does not apply to driving records)

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
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</table>

AUTHORIZATION OF RELEASE OF INFORMATION

I hereby, with my signature, authorize (print name of person or business you are authorizing):

- To perform a one-time search of the VT Department of Motor Vehicles files (pertaining to me) and any resulting reports.
- To perform a one-time authorization to transact business (pertaining to me) with the VT Department of Motor Vehicles.

Signature of individual authorizing release:

Date authorization given:

VG-116 11/2017 MTC
The information requested may be disclosed if its use is authorized under the Driver Privacy Protection Act. The information being requested is:

<table>
<thead>
<tr>
<th>Box</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>For use by any government agency, including any court or law enforcement agency, in carrying out its functions, or any private person acting on behalf of a government agency in carrying out its functions. Appropriate documents identifying requester are required*.</td>
</tr>
<tr>
<td>2.</td>
<td>For use in connection with matters of motor vehicles or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, recalls, or advisories; performance monitoring of motor vehicles, motor vehicle parts, and dealers; motor vehicle market research activities, including survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers. An explanation that details the reason(s) why you feel you qualify under this category must be attached to this document.</td>
</tr>
</tbody>
</table>
| 3. | For use in the formal course of business by a legitimate business or its agents, employees, or contractors:  
   a. To verify the accuracy of personal information submitted by the individual to the business or its agents, employees, or contractors; and  
   b. If the information as so submitted is not correct or is no longer correct, to obtain the correct information, but only for the purposes of preventing fraud by, pursuing legal remedies against, or recovering on a debt or security interest against, the individual. Appropriate documents identifying requester are required*. |
| 4. | For use in connection with any proceeding in any court or government agency or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of any court. An explanation that details the reason(s) why you feel you qualify under this category must be attached to this document. |
| 5. | For use in research activities, and for use in producing statistical reports, so long as the personal information is not published, re-disclosed, or used to contact individuals. An explanation that details the reason(s) why you feel you qualify under this category must be attached to this document. |
| 6. | For use by any insurer or insurance support organization, or by a self-insured entity, or its agents, employees, or contractors, in connection with claims investigation activities, antifraud activities, rating, or underwriting. Appropriate documents identifying requester are required*. |
| 7. | For use in providing notice to the owner or lien-holder of a towed or impounded vehicle. |
| 8. | For use by any licensed private investigative agency or licensed security service for any purpose permitted under this section. Appropriate documents identifying requester are required*. |
| 9. | For use by an employer, of its agent or insurer, to obtain or verify information relating to a holder of a commercial driver's license which is required under the Commercial Motor Vehicle Safety Act of 1996 [Title XII of Public Law 99-570]. |
| 10. | For use in connection with the operation of private toll transportation facilities. |
| 11. | For any use specifically authorized by law that is related to the operation of a motor vehicle or public safety. An explanation that details the reason(s) why you feel you qualify under this category must be attached to this document. |
| 12. | Unrestricted or specified use with written consent of the person who is the subject of the information. This includes information regarding oneself. (*Release portion on other side of this form must be completed in full.) |

In requesting and using this information I acknowledge that this disclosure and any re-disclosure is subject to the Driver Privacy Protection Act (18 USC §2723). This is signed and the request made subject to the penalties of 18 USC §2723 and 23 VSA §202.

Signature of Requester: [Signature]
Driver License/Corporate Number of Requester: 03-0335768
Date: [Date]

Upon receipt of this request by the Vermont Department of Motor Vehicles, it will be reviewed by the appropriate department personnel to determine whether this request conforms to (DPPA) protocol and requirements. Failure to meet these qualifications will result in a denial of your request.

* Appropriate documents identifying requester are required. You must include copies of your identification and documents verifying you are authorized to obtain this information. Failure to meet these qualifications will result in a denial of your request. If you are unsure what documents are required, call 802.828.2000

FOR DEPARTMENT USE ONLY – DO NOT WRITE ANYTHING BEYOND THIS POINT

This request is hereby denied as the record(s) is/are exempt from inspection and copying for the following reason:

- [ ] They are records which, by law, are designated confidential or by a similar term.
- [ ] They are records which, by law, may only be disclosed to specifically designated persons.

You have the right to appeal this denial to the Commissioner of Motor Vehicles (appeals must be submitted in writing).

Vermont Department of Motor Vehicles: [Signature]