

Voluntary Action Center MedVAC Volunteer Driver Application

This application will be used to establish your eligibility as a volunteer driver for the MedVAC program. The information you provide helps us assure you, this agency, and the public that the highest standards of safety and accountability are maintained. We appreciate your cooperation and interest in our volunteer driver program. Return completed application to: Voluntary Action Center, 1606 Bethany Road, Sycamore, IL 60178. You may contact Paul at 815-758-3932 or plalonde@vacdk.com with questions.

Application Date _____

Name _____

Home Address _____

Cell Phone _____ Home Phone _____

Second Language(s) _____ Email _____

Emergency Contact:

Name: _____ Relationship: _____

Phone: _____

How did you hear about our Volunteer Driver Program? _____

What is your reason for volunteering? _____

The MedVAC program is designed to cater to the diverse medical needs of those in our community. As such, pickup and drop-off times vary by reservation. MedVAC offers rides between the hours of 5:00 a.m. and 5:00 p.m. Mondays-Fridays. Most shifts involve several rides that last from three to eight hours (four hours on average). Flexibility is appreciated.

How many hours are you willing to volunteer per week? _____

Please mark days and times you are available to drive.

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					

Drivers License #: _____ Ex. Date: _____ State: _____

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Yes No

Has your license been suspended or revoked in the last five years?

If yes, why? _____

Have you been involved in an accident in the past five years?

If yes, please explain, and note if you were given a citation?

Have you received a non-parking traffic violation in the past five years?

If yes, why? _____

Will you provide a Driver's Abstract from the SOS office upon request?

Are you willing to learn how to use our mobility device securement system?

I prefer to drive only in DeKalb County.

If I am willing to drive outside of DeKalb County, I would drive to drive to the following locations (mark all that apply):

DeKalb County City of Chicago Suburbs Rockford Rochelle

Please read the following carefully before signing this application:

My signature below certifies that the information given on this form is true and correct to the best of my knowledge and that I agree to the following:

- I understand that driving for VAC is an important responsibility and I will exercise care and due diligence while driving.
- I understand that before I am allowed to drive for VAC, I must undergo a training program.
- I understand that as a volunteer driver, I must be 21 years of age.
- I certify that I possess a valid driver's license.
- I agree to provide VAC a copy of my most recent Drivers Abstract from the Secretary of State's office. (All selected candidates will have their payment reimbursed by the agency.)
- I agree that I will obey all State of Illinois traffic laws and regulations, including, but not limited to, ceasing use of a cellular phone while driving, adhering to all safety belt laws, and obeying all posted traffic speeds.

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- I understand that this is an application for and not a commitment or promise of volunteer opportunity.
- I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with VAC that is true, correct and complete to the best of my knowledge.
- I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position.
- I understand that information contained on my application will be verified by VAC.
- I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with VAC or my termination as a volunteer.

Signature _____ Date _____