



312 SE Stonemill Drive, Ste 115 • Vancouver, WA 98684  
Phone 360.694.6577 • Fax 360.694.6716  
[www.communityinmotion.org](http://www.communityinmotion.org)

Dear Volunteer,

On behalf of Community in Motion, welcome to Volunteers in Motion (ViM), a Volunteer Driver Program. With your assistance, we will provide a service that otherwise could not be provided. We thank you for dedicating your time and talent to help others in this way. Volunteer drivers provide more than just a ride, they also provide socialization and personalized services. We have opportunities for drivers who wish to use their own vehicle as well as drivers who would be willing to drive our Community Access Van.

### **Give the Gift of a Lift!**

Please complete and return the attached Volunteer Application. Return your completed application by mail, email, or fax. You are also welcome to bring it in-person to our office. Then we can begin the process of making you a Volunteers in Motion driver!

**Mail/in-person:** 312 SE Stonemill Drive, Suite 115  
Vancouver, WA 98684

**Email:** [volunteersinmotion@communityinmotion.org](mailto:volunteersinmotion@communityinmotion.org)

**Fax:** 360-694-6716

Our Mission is to connect our neighbors with access to reliable transportation options that support healthy, independent living.

### **Volunteer Driver Requirements**

For your protection and the protection of our passengers, the minimum requirements for drivers include, but not limited to:

- Have a desire to help others and provide excellent customer service.
- At least 21 years of age
- Have registered vehicle in good condition.
- Possess a valid driver's license.
- Complete a volunteer application.

- Maintain state insurance levels at state required minimums or greater.
- Provide Volunteers in Motion with Department of Motor (DMV) 5-year Driving Abstract prior to beginning volunteer driver duties. Volunteers in Motion will cover the cost, if any, for the DMV report.
- Complete and pass a background check which includes a Washington State Patrol WATCH Report, an FBI fingerprint background check, and search of the National Sex Offender Registry website. Volunteers in Motion will cover the cost.
- Review, agree to and sign a self-declaration form indicating your ability to physically carry out the essential job functions as listed in the volunteer job description.
- Willingness to provide transportation to passengers without regard to race, ethnicity, national origin, sexual orientation, gender, marital status, age, health status, or the presence of any sensory, mental, or physical disability.
- Agree to a once-a-year ride along as a part of a yearly review and eligibility to be in the program.

## Next Steps

Once you have returned a completed and signed Volunteer Application, we will schedule a time to meet. When we meet, you will have the opportunity to ask questions and address any concerns you may have. Additionally, I will obtain from you the information needed to begin a background check. We will also talk about the next training session(s) and what you can expect moving forward.

Please make sure to bring the following items with you:

- ✓ Driver's License
- ✓ Vehicle registration
- ✓ Proof of insurance

In the meantime, if you have any questions, please feel free to call/email me at the number and email address listed below.

Sincerely,

Jessica Wilson  
Specialty Transportation Coordinator

Direct line: 360-735-5705

Email: [jessicaw@communityinmotion.org](mailto:jessicaw@communityinmotion.org)



# Volunteers in Motion

A Program of Community in Motion

## Driver Application and Agreement

### Driver Information

Full Name: \_\_\_\_\_  
*Last First If not legal- provide legal name*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Date of Birth (Month/Day/Year): \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Are you fluent in any language other than English? Yes  No

If so, please specify: \_\_\_\_\_

Do you have a current, valid Driver's License? YES  NO  State? \_\_\_\_\_ License Number? \_\_\_\_\_

Do you have the minimum auto insurance required by the State of Washington? (\$25,000 liability per person/ \$50,000 liability/ \$10,000 property damage) YES  NO  Insurance Company? \_\_\_\_\_

Have you ever been convicted of driving while intoxicated or under the influence of drugs, or had your driver's license or driving privileges suspended, revoked or refused?

Yes  No  If yes, Explain: \_\_\_\_\_

Do you have a condition that may, or does, result in physical or mental impairments: (For example, but not limited to, sight in one eye, missing limbs, deafness, paralysis, convulsive or seizure disorder, epilepsy, blackouts, diabetes, heart disease, use of driving aids, take medications etc.). A yes reply does not necessarily disqualify a person from being a driver.

Yes  No  If yes, explain: \_\_\_\_\_

As the driver of a motor vehicle, have you been involved in an accident in the past 3 years? Yes  No   
 If so, describe the accident below:

---



---



---

Do you have a GPS system either in your car or as part of your phone? \_\_\_\_\_

We understand that your availability to volunteer will be subject to change based on other commitments but please indicate a “typical” availability schedule.

I am available to volunteer:

How Often?	Times of Day?	Preferred Vehicle?
<input type="checkbox"/> Daily	<input type="checkbox"/> Early Mornings	<input type="checkbox"/> My own Vehicle
<input type="checkbox"/> Several times a week	<input type="checkbox"/> Mornings	<input type="checkbox"/> Community Access Van
<input type="checkbox"/> Weekly	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Either the van or my vehicle
<input type="checkbox"/> Twice a month	<input type="checkbox"/> Evenings	
<input type="checkbox"/> Monthly	<input type="checkbox"/> Late Evenings	
Dates/ Times available:		

**Driver’s License copy**

**Please include a copy of your driver’s license photo ID with your application (front and back).**

Because our clients are designated by the State as a vulnerable population, all volunteers are required to authorize records check by the Washington State Patrol and the National Sex Offender Public Website. Please complete the attached form and return it with your registration. Your volunteering is conditional on receipt of satisfactory reports; you will be notified of all results.

**References**

*Please have at least two people fill out a reference form. They can either be sent directly to Volunteers in Motion or you can collect them and send them with your packet.*

**Driver Signature Required**

*I certify that my answers are true and complete to the best of my knowledge.*

*As a condition of participating in the Volunteers in Motion program, your signature acknowledges agreement to the attached Volunteers in Motion program, a Program of Community in Motion and Conditions and authorizes Volunteers in Motion to verify your motor vehicle record history.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please submit your application in-person or via email/mail to:**

[volunteersinmotion@communityinmotion.org](mailto:volunteersinmotion@communityinmotion.org)

Community in Motion  
 Attn: Volunteers in Motion  
 312 SE Stonemill Drive, Suite 115  
 Vancouver, WA 98684



Volunteers in Motion  
A Program of Community in Motion

## Volunteer Driver Applicant Reference

**Upon completion, email or mail to:**

Email: [volunteersinmotion@communityinmotion.org](mailto:volunteersinmotion@communityinmotion.org)

Mail: Community in Motion  
Attn: Volunteers in Motion  
312 SE Stonemill Drive, Suite 115  
Vancouver, WA 98684

Name of Volunteer Driver Applicant: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

What is the nature of your relationship with the applicant? (Check all that apply.)

Employer/employee \_\_\_\_\_ Friend \_\_\_\_\_ Neighbor \_\_\_\_\_ Family friend \_\_\_\_\_ Relative \_\_\_\_\_ Coworker \_\_\_\_\_  
Other, please explain: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ Years \_\_\_\_\_ Months

How well do you know this person? Very well \_\_\_\_\_ Fairly well \_\_\_\_\_ Acquaintance \_\_\_\_\_

As a volunteer driver, he or she is required to keep information confidential. Have you known this person to keep things confidential? \_\_\_\_\_

How would you describe this person's style with people? \_\_\_\_\_

Have you seen this person work with elderly people or people who have a disability? \_\_\_\_\_ If so, please comment about what you saw: \_\_\_\_\_

Check all the following traits that you would say this person has:

Confident \_\_\_\_\_ Nervous/tense \_\_\_\_\_ Outgoing \_\_\_\_\_ Sense of humor \_\_\_\_\_ Responsible \_\_\_\_\_  
Temperamental \_\_\_\_\_ Judgmental \_\_\_\_\_ Friendly \_\_\_\_\_ Unreliable \_\_\_\_\_ Flexible \_\_\_\_\_

Have you ever been a passenger in this person's vehicle? \_\_\_\_\_ If so, have you found this person to be a safe and cautious driver? \_\_\_\_\_

Do you have any reason to feel that this person would not serve well as a volunteer driver? \_\_\_\_\_  
If so, why? \_\_\_\_\_

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

VOLUNTEERS IN MOTION

VOLUNTEER VEHICLE INFORMATION DESCRIPTION FORM

Volunteer: \_\_\_\_\_

Year:		Color:	
Make:		Model:	
Lic. Plate:		Expiration:	
VIN #:			
Driver:		Driver Lic. #:	
Insurance Co.		Policy #:	
Agent:		Agent Ph #:	
Expires:			
Notes:			

Year:		Color:	
Make:		Model:	
Lic. Plate:		Expiration:	
VIN #:			
Driver:		Driver Lic. #:	
Insurance Co.		Policy #:	
Agent:		Agent Ph #:	
Expires:			
Notes:			

## Driving Record Release of Interest

**Employers, prospective employers, volunteer organizations, or their agent** can get driving records for an employee, prospective employee, or volunteer when authorized. Use this form to get their authorization.

- Complete the Company section.
- Give this form to your employee, prospective employee, or volunteer to complete their section.
- For audit purposes, keep this completed form in your files for at least five years. Do not mail it to the Department of Licensing.

**Sealed juvenile records.** Information contained in a driving record related to a sealed juvenile record may not be used for any purpose unless required by federal law. The employee or prospective employee may furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

**Company** – To be completed by the company or the agent of the company

PRINT or TYPE Company name	
Agent company name (if applicable)	
Company/Agent company address	
Authorized representative name	Title
<p>Answer the following</p> <p>1. Is this company an employer, prospective employer, or volunteer organization of the individual whose driving record is being requested? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Is the record you are requesting necessary for employment purposes related to driving by the employee or prospective employee as a condition of employment or related to driving by the volunteer at the direction of the volunteer organization? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Do you agree to use the information contained in the record exclusively for this purpose and not divulge it to a third party? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Do you agree to hold harmless the Washington State Department of Licensing for all matters relating to the release of the requested driving record? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Certification</p> <p><i>I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i></p> <p style="text-align: center;"><b>X</b></p> <p>_____</p> <p>Date and place signed <span style="float: right;">Authorized representative signature</span></p>	

**Employee, prospective employee, or volunteer** – Complete this section and return the form to the company

PRINT or TYPE Full name (First, Middle, Last) of employee/prospective employee/volunteer	Date of birth (mm/dd/yyyy)	WA driver license number
<p>Authorization from</p> <p><input type="checkbox"/> Employee – for release of my driving record for employment purposes, at my employer’s discretion for the full term of my employment</p> <p><input type="checkbox"/> Prospective employee – for release of my driving record for employment purposes, not to exceed 30 days from date signed</p> <p><input type="checkbox"/> Volunteer – for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization</p>		
Employer, prospective employer, or volunteer organization name		
Employer agent company name if acting on behalf of the company for employment purposes		
<p>Authorization</p> <p><i>I am an employee, prospective employee, or volunteer of the company named above and I request that a copy of my Washington State driving record be sent to them/their agent.</i></p> <p style="text-align: center;"><b>X</b></p> <p>_____</p> <p style="text-align: center;">Signature <span style="float: right;">Date</span></p>		