



15 Industrial Parkway
Burlington, VT 05401

802-864-2282 | RideGMT.com

VOLUNTEER DRIVER APPLICATION

Applicant Information

Name _____ Date of Birth _____
 Street Address _____
 Town / City _____ Zip Code _____
 Mailing Address _____
 Town / City _____ Zip Code _____
 Cell Phone # _____ Home Phone # _____
 How long have you been a resident of Vermont? _____
 Do you currently have a valid Vermont drivers license? _____
 Valid Vermont drivers license # _____

Vehicle Information

Is your vehicle owned or leased? _____ Year of Vehicle _____
 Vehicle Make _____ Model _____ Color _____
 License Plate # _____ 2 or 4 Door _____
 Is the vehicle currently registered? _____ Is the vehicle inspection current? _____
 Vehicle Insurance Company & Agent _____
 Vehicle Insurance Company Phone # _____
 Type & Amount of Vehicle Insurance _____
 Current Insurance Policy # _____

Applicant History

Have you ever been in an automobile accident? _____
 Have you ever been cited for a traffic violation? _____
 Have you ever been accused or convicted on a crime? _____
 If yes, please explain: _____

Have you ever been interviewed or investigated by the Department of Children and Families (DCF) Family Services Division or the police for child abuse, senior abuse and / or neglect? _____

If yes, please explain: _____

Driving References

Are you comfortable driving in winter snow conditions? _____
Are you able to drive during dusk / dawn and night hours? _____
Are you able to assist a passenger to and from the vehicle? _____
Are you able to assist a passenger with a wheelchair or a walker? _____
Are you willing to travel long distance? (For example, to Burlington, VT, Hanover, NH, and St. Johnsbury, VT.) _____

Public Interest Information

Please briefly describe why you wish to be a GMT volunteer driver: _____

How did you learn about the GMT volunteer driver program? _____

If you are 55 years of age or older, you are eligible for the Retired and Senior Volunteer Program (RSVP) membership. It may offer additional insurance options. Are you currently a member? _____
If no, are you interested in becoming a RSVP member? _____

Applicant Authorization

For the safety and well being of all GMT clients and staff, GMT requires that all potential GMT volunteer drivers agree to the following: I hereby grant Chittenden County Transportation Authority dba Green Mountain Transit, permission to contact the references I have given below and also grant such references permission to speak truthfully and in detail about me.

REFERENCES: Please provide the names, daytime telephone numbers and mailing addresses of three (3) references who are not related to you.

1. Name _____
Day Phone _____
Mailing Address _____

2. Name _____
Day Phone _____
Mailing Address _____

3. Name _____
Day Phone _____
Mailing Address _____

I hereby grant Chittenden County Transportation Authority dba Green Mountain 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, Vermont Criminal Record Check, National Criminal Record Check, Motor Vehicle Inspection, Driver License Check.

Signature _____ Date _____

Name (printed) _____

Thank you for supporting GMT and the communities we serve. If you wish to volunteer, please e-mail or mail your GMT Volunteer Driver Application, along with a copy of your picture ID to:

Central Vermont

E-Mail: DGallagher@RideGMT.com
Mail: GMT Attn. Donna Gallagher
6088 VT Route 12
Berlin, VT 05602

Northern Vermont

E-Mail: PChadwick@RideGMT.com
Mail: GMT Attn. Patty Chadwick
15 Industrial Parkway
Burlington, VT 05401

**VERMONT CRIMINAL INFORMATION CENTER
VULNERABLE POPULATIONS PROGRAM
RELEASE FORM**

Qualified Entity	Green Mountain Transit		
Applicant	Last	First	Middle
Maiden or Alias Names			
Social Security #	- -		
Place of Birth	City/Town	State	Country
Date of Birth	Month	Day	Year
Applicant's Telephone #	Include Area Code and Number - -		
RELEASE			
<p>I, _____, hereby acknowledge and agree to a check of any criminal record of convictions which may be maintained by the Vermont Criminal Information Center. I understand that the results of that check will be made available to <u>GMT</u> for use in reviewing my suitability for employment. I further understand that I have the right to appeal the results of the criminal record check to the Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, Vermont, 05671-2101.</p>			
Signature of Applicant		Date	



Agency of Human Services

Adult Protective Services, 103 S. Main Street, Ladd Hall, Waterbury, VT 05671-2306

AND

Child Abuse Registry Unit, 103 S. Main Street, Waterbury, VT 05671-2401

FORM C

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: LAST FIRST Middle Initial Gender: Male Female

Address:

Last four digits of social security number: XXX-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

CCTA Out of State Background Check Information

DATE: _____

PART 1: PERSONAL INFORMATION

APPLICANT NAME: FIRST: _____ MI _____ LAST _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

SS#: _____ - _____ - _____ License # _____

DOB: _____ - _____ - _____

PART 2: CRIMINAL HISTORY REPORT FOR PLACES OF RESIDENCE IN THE PAST 7 YEARS

LIST ALL ADDRESSES, INCLUDING, CITIES, STATES, AND ZIP CODES WHERE RESIDED IN THE PAST 7 YEARS. INCLUDE DATES OF RESIDENCE (IF RESIDED IN THE STATE OF VERMONT, SEE PART 3):

1. _____, _____, _____, _____

DATES:

2. _____, _____, _____, _____

DATES:

3. _____, _____, _____, _____

DATES:

4. _____, _____, _____, _____

DATES:

PART 3: RESIDENT OF THE STATE OF VERMONT FOR THE PAST SEVEN YEARS

I, _____, have been a resident of the State of Vermont for the past seven (7) years.

I attest that the above information is true and correct to the best of my knowledge.

Signature

Date

APPLICANT - EMPLOYEE DOCUMENTS

The following pages contain 5 documents:

- “Disclosure Regarding Background Investigation”** – The disclosure must remain a “stand-alone” document and may not be combined with other forms or applications including the authorization. This document MUST be provided to every applicant or employee BEFORE you place an order for any employment screening report including Reference Reports, Verifications or Background Checks.
- “Authorization and Acknowledgment Regarding Background Investigation”** – This document MUST be signed by every applicant or employee BEFORE you place an order for any employment screening report including Reference Reports, Verifications or Background Checks.
- Personal Identifying Information Needed For Background Check:** This document MUST be completed by every applicant or employee BEFORE you place an order for any employment screening report including Reference Reports, Verifications or Background Checks.
- “A Summary of Your Rights under the Fair Credit Reporting Act”** – This is a 3 page informational document that explains the applicant’s rights under the FCRA. It MUST be given to every applicant BEFORE you place an order for any employment screening report including Reference Reports, Verifications or Background Checks.
- “Additional State Law Notices”:** Some states require that applicants or employees receive additional information. These template forms have been created with the idea that you may have applicants/employees residing in, working, or applying to work in any of the 50 states. Accordingly, as presently constructed, the “Additional State Law Notices” MUST be provided to each applicant/employee that receives the materials. Please note that state and local laws may change and additional requirements for employers may be created. It is your responsibility to make sure your policies are compliant with such laws and requirements.
- Notice Regarding Background Investigation Pursuant To California Law:** This document MUST be provided to every applicant or employee that is living in or is seeking work for the Company in California.

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Green Mountain Transit may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends or associates. These reports may contain information regarding your criminal history, credit history, motor vehicle records (“driving records”), verification of your education or employment history or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your employment history conducted by Background Investigation Bureau, LLC, (“BIB”), 9710 Northcross Center Court, Huntersville, NC

28078, (877) 439-3900. You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

AUTHORIZATION AND ACKNOWLEDGMENT REGARDING BACKGROUND INVESTIGATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION, "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT", "ADDITIONAL STATE LAW NOTICES" and certify that I have read and understand those documents. I hereby authorize Green Mountain Transit to obtain "consumer reports" and/or "investigative consumer reports" about me at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, military branch, institution, school or university (public or private), information service bureau, past or present employer or supervisor, private business, insurance company or personal reference, and/or other persons to furnish any and all background information requested by BIB, additional third-party organizations acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax") or photographic copy or digital copy of this Authorization shall be as valid as the original.

Signature: _____ Date: _____

Print Name: _____ Date of Birth: _____

- Please check this box if you are a **Minnesota or Oklahoma** applicant or employee and would like to receive a copy of a consumer report if one is obtained by the Company.
- Please check this box if you are a **California** applicant or employee and you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law. By signing above, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW

Personal Identifying Information Needed For Background Check – To facilitate a background check on you, please complete the information below and include all past or current names used (e.g., maiden, surname, alias).

Last Name		First	Middle
Last Name		First	Middle
Last Name		First	Middle
Home Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date of Birth	Social Security No.	Gender	Race
Drivers License Number		State Issued	Expires

ADDITIONAL STATE LAW NOTICES

If you live in, work in, or are seeking work for Green Mountain Transit in Massachusetts, Minnesota, New Jersey, New York, or Washington State, please note:

MASSACHUSETTS APPLICANTS/EMPLOYEES: You have the right to inspect and promptly receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency, Background Investigation Bureau, LLC, ("BIB"), 9710 Northcross Center Court, Huntersville, NC 28078, (877) 439-3900.

MINNESOTA APPLICANTS/EMPLOYEES: You have the right, upon written request, to receive a complete and accurate disclosure of the nature and scope of any consumer report by contacting the consumer reporting agency, Background Investigation Bureau, LLC, ("BIB"), 9710 Northcross Center Court, Huntersville, NC 28078, (877) 439-3900. The consumer reporting agency must make this disclosure within five days of receipt of your request or of Company's request for the report, whichever is later.

NEW JERSEY APPLICANTS/EMPLOYEES: You have the right to inspect and promptly receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency, Background Investigation Bureau, LLC, ("BIB"), 9710 Northcross Center Court, Huntersville, NC 28078, (877) 439-3900.

NEW YORK APPLICANTS/EMPLOYEES: You have the right, upon request, to be informed of whether or not a consumer report was requested from a consumer reporting agency by contacting the consumer reporting agency, Background Investigation Bureau, LLC, ("BIB"), 9710 Northcross Center Court, Huntersville, NC 28078, (877) 439-3900. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting BIB with the contact information above.

WASHINGTON STATE APPLICANTS/EMPLOYEES: If Company requests an investigative consumer report from a consumer reporting agency, you have the right to receive a complete and accurate disclosure of the nature and scope of the investigation requested by Company. You also have the right to request from the consumer reporting agency, Background Investigation Bureau, LLC, ("BIB"), 9710 Northcross Center Court, Huntersville, NC 28078, (877) 439-3900, a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**NOTICE REGARDING BACKGROUND INVESTIGATION
PURSUANT TO CALIFORNIA LAW**

Green Mountain Transit intends to obtain information about you from an investigative consumer reporting agency and/or a consumer credit reporting agency for employment purposes. Thus, you can expect to be the subject of "investigative consumer reports" and "consumer credit reports" obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be Background Investigation Bureau, LLC, ("BIB"), 9710 Northcross Center Court, Huntersville, NC 28078, (877) 439-3900. The source of any credit report will be Background Investigation Bureau, LLC, ("BIB"), 9710 Northcross Center Court, Huntersville, NC 28078, (877) 439-3900. The BIB privacy policy may be found at www.BIB.com

The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA's file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRA's complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA's.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.



Vermont DMV Record Request

DEPARTMENT OF MOTOR VEHICLES
Agency of Transportation
dmv.vermont.gov

120 State Street
Montpelier, Vermont 05603-0001
802.828.2000

Requests for Vermont Department of Motor Vehicles records must be submitted on this form. This form may be photocopied for your convenience. The form must be completed in ink. Please print all information, except signatures, which must be written.

*** ALL APPLICABLE SECTIONS OF THIS FORM (FRONT AND BACK) MUST BE COMPLETED TO OBTAIN THE REQUESTED INFORMATION. ***

Signature Required on Back of Form			
Requester Name:		DBA/Company:	
Mailing Address:		Telephone Number:	
Street/Box Number:	Mail to (If different than above address):		
City, State, Zip:			
<input type="checkbox"/> Listings of 1 through 4 current or expired registrations -- \$6.00	<input type="checkbox"/> Certified copy of suspension notice -- \$6.00		
<input type="checkbox"/> Listing of 1 through 4 current or expired operator's license -- \$6.00	<input type="checkbox"/> Certified copy of reinstatement notice -- \$6.00		
<input type="checkbox"/> Certified copy of current or original registration application -- \$6.00	<input type="checkbox"/> Certified copy of title -- \$6.00		
<input type="checkbox"/> Certified copy of expired operator's license application -- \$6.00	<input type="checkbox"/> Certified copy of vehicle title search, title info, lien info. -- \$20.00		
<input type="checkbox"/> Certified copy individual accident report -- \$10.00	<input type="checkbox"/> Certified copy of vessel, snowmobile or ATV title search -- \$13.00		
<input type="checkbox"/> Certified copy police accident report -- \$15.00	<input type="checkbox"/> Certified copy of 3 year operating record (Vermont only) -- \$13.00		
<input type="checkbox"/> Insurance information of accident -- \$6.00	<input type="checkbox"/> Certified copy of complete operating record (Vermont only) -- \$16.00		
<input type="checkbox"/> Statistics and research -- \$35.00 per hour	<input type="checkbox"/> Certified copy of proof of mailing -- \$6.00		
<input type="checkbox"/> Periodic inspection sticker record -- \$6.00	<input type="checkbox"/> Certified copy of mail receipt -- \$6.00		
<input type="checkbox"/> Lists of registered dealers, transporters, periodic inspection stations, rental vehicle companies, fuel dealers and distributors (including gallons sold or delivered) -- \$6.00 per page			
<input type="checkbox"/> Other -- Write explanation on reverse side of this form. All other items of information requested will be furnished at a minimum charge of \$6.00.			

• DO NOT MAIL CASH! • Make check or money order payable (in U.S. funds only) to: VT DEPARTMENT OF MOTOR VEHICLES.

FOR DEPARTMENT USE ONLY

Audit Line: →

I am requesting information concerning:

VIN Number		Vehicle Make	Vehicle Year	VT License Plate #	Expiration Date	
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)						
Month	Day	Year	Through	Month	Day	Year

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:

Information requested (be specific, if necessary use separate sheet of paper):

The information requested may be disclosed if its use is authorized under the Driver Privacy Protection Act. The information being requested is:

↓	You <u>must</u> initial inside the appropriate box(es)/category(ies) below.
1.	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* .
2.	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. <i>An explanation that details the reason(s) why you feel you qualify under this category must be attached to this document.</i>
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. <i>An explanation that details the reason(s) why you feel you qualify under this category must be attached to this document.</i>
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. <i>An explanation that details the reason(s) why you feel you qualify under this category must be attached to this document.</i>
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. <i>An explanation that details the reason(s) why you feel you qualify under this category must be attached to this document.</i>
12.	Unrestricted or specified use with written consent of the person who is the subject of the information. ("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: _____	Date: _____
Driver License/Corporate Number of Requester: _____	

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: <input type="checkbox"/> They are records which, by law, are designated confidential or by a similar term. <input type="checkbox"/> 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 (appeal must be in writing).
Vermont Department of Motor Vehicles: _____