



## ***Road to Recovery***

# **Volunteer Driver Application Form**

*Please Print*

|                                                                              |                          |             |                 |
|------------------------------------------------------------------------------|--------------------------|-------------|-----------------|
| Name:                                                                        |                          |             |                 |
| Street Address:                                                              |                          |             |                 |
| City State ZIP:                                                              |                          |             |                 |
| Other Address Information/Email:                                             |                          |             |                 |
| Home Phone:                                                                  |                          |             |                 |
| Work Phone:                                                                  |                          | Cell Phone: |                 |
| Date of Birth:                                                               |                          |             |                 |
| Occupation:                                                                  |                          |             |                 |
| Emergency Contact                                                            | Name:                    |             |                 |
|                                                                              | Phone:                   |             |                 |
| Driver's License                                                             | Number:                  |             | State:          |
|                                                                              | Expiration Date:         |             | Class:          |
| Auto Insurance for Vehicle You Plan to Use                                   | Insurance Company Name:  |             |                 |
|                                                                              | Insurance Company Phone: |             |                 |
|                                                                              | Bodily Injury Limit:     |             |                 |
|                                                                              | Property Damage Limit:   |             |                 |
| Days of Week and Hours You Will be Regularly Available to Transport Patients | Days Available (✓)       |             | Hours Available |
|                                                                              | Monday                   |             |                 |
|                                                                              | Tuesday                  |             |                 |
|                                                                              | Wednesday                |             |                 |
|                                                                              | Thursday                 |             |                 |
|                                                                              | Friday                   |             |                 |
|                                                                              | Saturday                 |             |                 |
|                                                                              | Sunday                   |             |                 |
| How long have you been driving in this community?                            |                          |             |                 |

|                                                                                                                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Will you participate in an orientation session (required of all volunteer drivers)? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                            |
| Would you be willing to assist in volunteer recruitment? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                       |
| What type of car do you drive? <input type="checkbox"/> 2-door <input type="checkbox"/> 4-door                                                                                                                                                                          |
| How many passengers can you safely carry? <input type="checkbox"/> 2 <input type="checkbox"/> 4                                                                                                                                                                         |
| <p>Have you been involved in a car accident in the last five years?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain the circumstances and if you were given a citation:</p>                                               |
| <p>Have you received a traffic violation (unrelated to parking) in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please state the offense for which you were convicted and if your license was suspended or revoked:</p> |
| <p>Are you volunteering for this program pursuant to any court-ordered community service?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain:</p>                                                                            |
| <p>Have you ever been convicted of any type of felony or misdemeanor involving a vehicle?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain circumstances:</p>                                                              |
| <p>Do you have any health problems that might affect your driving?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain:</p>                                                                                                   |
| <p>Do you have limitations on where you will drive? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain circumstances:</p>                                                                                                           |

|                                                                                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Maximum distance you will drive a patient to treatment:</p> <p>In which neighboring counties are you willing to pick up patients and take them to treatment?</p>                                                                                                                                          |
| <p>Are there specific hospitals you prefer driving to?</p> <p>Are there specific hospitals you don't want to drive to?</p>                                                                                                                                                                                   |
| <p>Do you have any limitations on the types of patients you are willing to drive (e.g., patients who might need some assistance, children with parent or guardian, non-English speaking)?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If yes, please explain circumstances:</p> |
| <p>How did you hear about this program?</p>                                                                                                                                                                                                                                                                  |
| <p>What is your reason for volunteering?</p>                                                                                                                                                                                                                                                                 |
| <p>Previous volunteer experience:</p>                                                                                                                                                                                                                                                                        |

**Insurance.** All volunteers operating personal vehicles (not owned or leased by the American Cancer Society) for the business of the Society become an additional insured under the Society's auto liability policy, but only:

- In excess of the volunteer's personal auto liability coverage and policy limits
- To the extent of bodily injuries to third parties and/or physical damage to third-party vehicles or property of others.

**The American Cancer Society automobile insurance policy does not cover bodily injury to the volunteer or physical damage to the volunteer's vehicle.**

The volunteer is required to maintain minimum required auto liability limits as mandated by the state in which the volunteer drives. The Society further suggests that volunteers:

- Maintain third-party liability limits of at least \$100,000 per person bodily injury, \$300,000 per accident, and \$100,000 property damage
- Add uninsured/underinsured motorists coverage to their policy
- Obtain physical damage coverage for their vehicle
- Maintain personal medical insurance or, through their auto policy, purchase medical payments coverage or personal injury protection (as required by no-fault states) to ensure bodily injury protection for themselves.

## **DRIVER'S LICENSE AND AUTO LIABILITY INSURANCE**

**With your completed application please include a copy of your auto liability coverage (declaration page of your policy) as well as a copy of your driver's license.**

---

I hereby apply for service as a volunteer driver. I understand and agree to comply with policies and procedures of the American Cancer Society transportation program, copies of which are available to me at anytime upon my request.

**Reservation of Right of Refusal.** I realize that the American Cancer Society, in its sole discretion, reserves the right to refuse the offer of services of any potential volunteer. Notwithstanding the foregoing, I understand that this refusal shall not be based upon any criteria that would violate either state or federal law, including, but not limited to, color, race, religion, national origin, age, or any other protected classification.

**Authorization to Release Motor Vehicle Driving Records.** I hereby consent to the Department of Motor Vehicles, or other similar agency, to furnish any and all documents and electronic information that it has with respect to my driving history and records, including but not limited to any and all violations of law, to the American Cancer Society as requested by the American Cancer Society from time to time. This authorization shall remain in effect until revoked by me in writing or as limited by applicable state law.

**All information disclosed by you or otherwise obtained by the Society shall be fully protected in accordance with the Society's privacy and confidentiality policies.**

|                                |
|--------------------------------|
| Volunteer Applicant Signature: |
| Date Signed:                   |

| American Cancer Society Staff Use Only   |               |
|------------------------------------------|---------------|
| Interviewed by (Staff Signature):        |               |
| Date Interviewed:                        | Date Trained: |
| Current Driver's License Verified (✓)    |               |
| Current Liability Insurance Verified (✓) |               |
| Office Name:                             | Office ID:    |
| Location Name:                           | Location ID:  |
|                                          | Siebel ID:    |



## ***Road to Recovery*** **Volunteer Confidentiality Agreement**

### **Message to Volunteers:**

We welcome you to the American Cancer Society. In an effort to provide the highest quality of services, maintain the confidence of our constituents, families and staff, preserve integrity, safety and respect, and comply with laws and regulations, we ask that you take the time to read and complete this Volunteer Confidentiality Agreement. Thank you for your understanding and cooperation. If you have any questions, please contact your Staff Partner or your volunteer coordinator.

### **Confidentiality Agreement**

I understand that the American Cancer Society has a legal and ethical responsibility to maintain constituent privacy, including obligations to protect the confidentiality of constituent medical information and identity and to safeguard the organization's other confidential information. As a condition of my affiliation with the American Cancer Society as a volunteer, I understand that I must sign and comply with the following confidentiality provisions and agree that:

- I will disclose constituent information and/or confidential information only if such disclosure complies with the American Cancer Society policies and is required for the performance of my duties.
- I will not view or access any constituent information or confidential information, other than what is required to perform my assigned duties. If I have questions about whether access to certain information is required for me to do my job, I will immediately ask an American Cancer Society employee or designated volunteer for clarification.
- I will not make inquiries or discuss any constituent information with any individual who does not have proper authorization to access or hear such information. This includes refraining from discussing any constituent information in public areas even if specifics such as constituent's name are not used.
- I will not make any unauthorized copies, transmissions, disclosures, inquires or modifications of constituent information or confidential information. Such unauthorized transmissions include removing and/or transferring constituent information or confidential information from the American Cancer Society's computer system to unauthorized locations, such as home.
- Any personal access codes, user IDs, access keys and passwords used to access computer systems or other equipment shall be kept confidential at all times.
- Upon completion of my volunteer services, I will immediately return all property (including keys, documents, ID badges, etc) to the American Cancer Society.

**I am aware that the American Cancer Society, in order to hold individuals accountable for improper use of data, has the ability to track database system usage and to identify employees and volunteers who have accessed, printed, or forwarded constituent information.**

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



PRINT CHARACTERS LIKE THIS  
**ABCDE 98765**

CORRECT INCORRECT  
● ○ ✗ ✗

### Consent to Request Consumer Report Information

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

Applicant's First Name or Initial

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Last Name

I understand that American Cancer Society ("COMPANY") will use **Sterling InfoSystems Inc., 249 West 17th Street, New York, NY 10011, (877) 424-2457** to obtain a consumer report ("Report") as part of the volunteering process. I also understand that if allowed to volunteer, to the extent permitted by law, COMPANY may obtain further Reports from STERLING so as to update, renew or extend my ability to volunteer.

I understand **Sterling InfoSystems Inc.'s** ("STERLING") investigation may include obtaining information regarding my driving record and criminal record, subject to any limitations imposed by applicable federal and state law. I understand such information may be obtained through direct or indirect contact with public agencies or other persons who may have such knowledge.

The nature and scope of the investigation sought is as follows: Criminal History Search, Sex Offender Search, Motor Vehicle Report

I acknowledge receipt of the attached summary of my rights under the Fair Credit Reporting Act and, as required by law, any related state summary of rights (collectively "Summaries of Rights").

This consent will not affect my ability to question or dispute the accuracy of any information contained in a Report. I understand if COMPANY makes a conditional decision to disqualify me based all or in part on my Report, I will be provided with a copy of the Report and another copy of the Summaries of Rights, and if I disagree with the accuracy of the purported disqualifying information in the Report, I must notify COMPANY within five business days of my receipt of the Report that I am challenging the accuracy of such information with STERLING.

I hereby consent to this investigation and authorize COMPANY to procure a Report on my background.

In order to verify my identity for the purposes of Report preparation, I am voluntarily releasing my date of birth and the other information and fully understand that all volunteer decisions are based on legitimate non-discriminatory reasons.

☐ **California, Massachusetts, Minnesota, New Jersey & Oklahoma Applicants Only:** I have the right to request a copy of any Report obtained by COMPANY from STERLING by checking the box. STERLING will mail the Report directly to me. (Check only if you wish to receive a copy)

☐ **Maine Applicants Only:** By checking the box, I indicate that I wish to receive the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries regarding the investigative consumer report as well as receive a copy of any report obtained by Company from Sterling.

**NY Applicants Only:** I also acknowledge that I have received the attached copy of Article 23A of New York's Correction Law. I further understand that I may request a copy of any investigative consumer report by contacting STERLING. I further understand that I will be advised if any further checks are requested and provided the name and address of the consumer reporting agency.

**California Applicants and Residents:** If I am applying for employment in California or reside in California, I understand I have the right to visually inspect the files concerning me maintained by an investigative consumer reporting agency during normal business hours and upon reasonable notice. The inspection can be done in person, and, if I appear in person and furnish proper identification; I am entitled to a copy of the file for a fee not to exceed the actual costs of duplication. I am entitled to be accompanied by one person of my choosing, who shall furnish reasonable identification. The inspection can also be done via certified mail if I make a written request, with proper identification, for copies to be sent to a specified addressee. I can also request a summary of the information to be provided by telephone if I make a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or directly charged to me. I further understand that the investigative consumer reporting agency shall provide trained personnel to explain to me any of the information furnished to me; I shall receive from the investigative consumer reporting agency a written explanation of any coded information contained in files maintained on me. "Proper identification" as used in this paragraph means information generally deemed sufficient to identify a person, including documents such as a valid driver's license, social security account number, military identification card and credit cards.

Signature:

Today's Date:

Para informacion en espanol, visite <http://www.ftc.gov/credit> o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to <http://www.ftc.gov/credit> or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - o a person has taken adverse action against you because of information in your credit report;
  - o you are the victim of identify theft and place a fraud alert in your file;
  - o your file contains inaccurate information as a result of fraud;
  - o you are on public assistance;
  - o you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See <http://www.ftc.gov/credit> for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See <http://www.ftc.gov/credit> for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer-reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).

**You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

---

**FOR QUESTIONS OR CONCERNS REGARDING**

***PLEASE CONTACT***

---

Consumer reporting agencies, creditors and others not listed below

Federal Trade Commission  
Consumer Response Center- FCRA  
Washington, DC 20580 - 877-382-4357

National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)

Office of the Comptroller of the Currency  
Compliance Management, Mail Stop 6-6  
Washington, DC 20219 - 800-613-6743

Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)

Federal Reserve Board  
Division of Consumer & Community Affairs  
Washington, DC 20551 - 202-452-3693

Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)

Office of Thrift Supervision  
Consumer Programs  
Washington D.C. 20552 - 800- 842-6929

Federal credit unions (words "Federal Credit Union" appear in institution's name)

National Credit Union Administration  
1775 Duke Street  
Alexandria, VA 22314 - 703-519-4600

State-chartered banks that are not members of the Federal Reserve System

Federal Deposit Insurance Corporation  
Division of Compliance & Consumer Affairs  
Washington, DC 20429 - 877-275-3342

Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission

Department of Transportation  
Office of Financial Management  
Washington, DC 20590 - 202-366-1306

Activities subject to the Packers and Stockyards Act, 1921

Department of Agriculture  
Office of Deputy Administrator-GIPSA  
Washington, DC 20250 - 202-720-7051

---