



6470 Route 20a, Suite 1
Perry, NY 14530
585.237.2600
wccainc.org

Wyoming County Community Action, Inc.

Volunteer Application

Medicaid Transportation Driver Program

Transportation services are needed in Wyoming County and surrounding counties

WCCA considers applicants for volunteers without regard to race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age disability, genetic information, marital status, amnesty, veteran status or any other legally protected status. We provide reasonable accommodation to individuals with disabilities when it would not be and undue hardship. If you need reasonable accommodation in the pre-placement process, please contact Human Resources.

Please PRINT clearly. This application must be completed in full and sign personally by the applicant.

Name _____ Date of application _____

Address:
Street _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ Email
Address: _____

Program Requirements for Volunteers and their personal Vehicles:

- Must be at least 18 years of age
- Volunteers Vehicle must be no older than 15 years old
- Must have a clean and valid NYS driver's license
- Must have the minimum vehicle insurance requirements: (both bodily injury and personal damage) proof of a minimum policy for liability coverage of \$100,000 per person/\$300,000 per accident. Proof of such insurance is **required** and must be maintained.
- Show proof of vehicle registration
- Must be approved to drive by Agency's vehicle insurance carrier

Are you 18 years of age or older? Yes No

Do you possess a clean, valid NYS driver's license? Yes No

Copy of Insurance Coverage

Please tell us why you would like to volunteer with our Agency: Describe your skills and/or experiences you would use while volunteering at our Agency. Why did you choose WCCA?

How did you hear about our volunteer service opportunities at WCCA? _____

Highest Level of Education (circle) High School/ GED Some College College Graduate

Are you employed now? Yes No

What hours of availability do you have?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From____	From____	From____	From____	From____	From____	From____
To____	To____	To____	To____	To____	To____	To____

All volunteers are required to attest to a criminal record, if any. Convictions will not necessarily disqualify you from participating. Any false representation will result in immediate removal from their volunteer service.

Have you ever been convicted (found guilty) of a felony or misdemeanor? Yes No

If yes, please describe all convictions, when they occurred, the facts and circumstances involved:

Tell Us about your experience:

Please include both paid and volunteer work experience beginning with the most recent)

Employer or Volunteer Organization City/ State

Dates: From_____to _____ Position Title:_____

Employer or Volunteer Organization City/ State

Dates: From_____to _____ Position Title:_____

Personal References - List 2 people other than relatives:

_____ Name _____

Phone Relationship to Applicant

_____ Name _____

Phone Relationship to Applicant

I give Community Action of Wyoming County, (WCCA), permission to check my references. I hold harmless any individual, agency, or business that provides information or documents to WCCA. I understand that information will be used as part of the verification of my volunteer application.

I certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge. I understand that any false statements, omissions, and/or

misrepresentations in my application or placement interview may result in the rejection of my application and discharge from the volunteer program.

I consent to having WCCA complete a sex offender and criminal background check prior to volunteering.

I understand a copy of my driver's license will be given to WCCA for processing. WCCA's vehicle insurance carrier will process a driving abstract and give WCCA approval or disapproval to be a volunteer driver in this program.

Upon being offered a volunteer position, I understand that I am required to attend a volunteer orientation and will be given a Volunteer Handbook, Statement of Confidentiality Policy, and Code of Ethic Policy, along with acknowledgement forms to sign.

Applicants Signature _____ Date _____

Parental Signature, if applicable _____ Date _____