



TO: Prospective Volunteer Driver

FROM: COAST Transportation Manager

SUBJECT: Volunteer Driver Consideration

Thank you for your interest in becoming a volunteer driver with COAST Transportation. Our volunteer drivers play a critical role in helping our rural communities stay strong and healthy. In becoming a volunteer driver, you can help make sure that the folks in your own community, as well as others, have access to the care and services they need to maintain a good quality of life.

COAST is the Transportation Program for the Council on Aging & Human Services, located in Colfax, WA. We provide transportation in both Idaho and Washington to individuals with a special need for transportation. Most of the clients we transport are elderly and have the need to be driven to medical appointments or other important events. We have a few paid drivers, but mostly rely on a network of committed volunteer drivers located throughout the counties in which we serve.

Furthermore, in the enclosed packet you will find the information and forms you will need to read and complete in order to drive for us. Please know that you can volunteer as much or as little as you like. For example, you can choose to drive one day a week, or all five days. You volunteer on your own terms and on your own schedule. After you complete the packet, please call and set up a time so that we can discuss the next steps to get you driving.

Again, thank you for your interest in becoming a volunteer COAST driver. Please let us know if we can provide you with any additional information. We are excited that you are considering becoming a HERO to your community!



VOLUNTEER DRIVER APPLICATION

The following information is required of the driver(s) and the vehicle that is (are) transporting the Medical Assistance recipient. All requests for mileage reimbursement must be pre-authorized by COAST Transportation. No mileage reimbursements will be made without this information on file.

Please fill out completely and return with clear, readable copies of:

☐ Current driver's license ☐ Proof of auto insurance ☐ Auto registration

Driver's license information for all drivers

Name(s): _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Cell # (if applies): _____

Date(s) of Birth: _____

Drivers License Number(s): _____ Expiration Date(s): _____

Restrictions (if any): _____

Auto insurance information

Insurance Company Name: _____

Policy Number: _____ Expiration Date: _____

Agent's Name & Location: _____

Vehicle information for most commonly used vehicle

Year, Make & Model of Vehicle: _____

License Plate Number: _____

Name of Driver(s): _____

1. Traffic violations in last 5 years? (Circle One) YES NO

If answered YES, please give brief explanation:

2. Traffic accidents in last 5 years? (Circle One) YES NO

(Continued on Page 2)



If answered YES, please give brief explanation:

3. Medications or physical limitations that might affect driver? YES NO

Explanation:

If you answered YES to Question #3, please have your physician complete the following:

I hereby state that _____ is mentally, physically, and otherwise capable of safely operating a private automobile.

Physicians Signature: _____ Date: _____

Volunteer's Signature: _____ Date: _____

Name(s) of Client(s) driven: _____
(If applicable)



VOLUNTEER TRANSPORTATION DRIVER
Driving Privately Owned Automobiles
Job Description

<u>POSITION TITLE:</u>	Volunteer Transportation Driver
<u>PURPOSE OF JOB:</u>	To provide transportation requested to families or individuals to help them access necessary services.
<u>DUTIES OF POSITION:</u>	To be a careful and responsible driver To meet requests promptly as assigned To call immediately if unable to keep an assigned request To report any problem stemming from a transportation assignment immediately.
<u>JOB QUALIFICATIONS:</u>	Must have a valid driver's license and good driving record (Records will be checked) Must have liability insurance policy Must maintain vehicle in good working condition Must have access to a phone (possibly cell, too) Must have and use seat belts. Must require use of car seats for infants and toddlers, car seats must be provided by family. For the purpose of state insurance, volunteer status begins at the time the volunteer leaves his/her home or other point of dispatch.
<u>REQUIREMENTS:</u>	Must enjoy being with people and have desire to help with transportation of disadvantage of individuals. Must follow volunteer statement of understanding agreement.
<u>JOB BENEFITS:</u>	Reimbursement for mileage at the current rate. State liability coverage and automobile insurance over and above the policy amount carried by the Volunteer.



Volunteer Driver Frequently Asked Questions

How am I notified of transportation requests? You will be called one to seven days in advance by COAST office staff.

How much am I reimbursed? Reimbursement is from your home and back to your home. This rate is set by the Federal Government and is subject to change. The current rate is 57.5 cents per mile (Jan 2021).

How do I keep track of my mileage? On our mileage reimbursement sheets which asks for the date, clients name, pick up and drop off addresses, appointment time, miles driven, and total hours involved in the transport. These numbers are all very important to our funding sources for statistical purposes, so please fill out all the boxes and be as accurate as possible. If you take them to more than one place, it will affect the mileage, and we need to know to be able to accurately reimburse you.

What is a Drivers Abstract? This is the request for your driving record from your state of residence.

What if I do not want reimbursement? Mark yes or no at the bottom of the mileage sheets and return it to COAST by the 3rd of each month.

What if I forget to sign my voucher? We need your signature before we can process your reimbursement request. It will be returned to you for the signature and reimbursement may be delayed.

Do I accept money from a client? All donations must be accounted for and mailed or dropped off at COAST. Clients may also mail donations to our office.

How do I handle someone with a physical impairment? Offer a hand or arm to steady them. If more assistance is needed, contact the COAST office for a determination on transporting.

Do I help the client out of the car? Only offer help to the extent that you feel comfortable. There are ways to help people without injuring yourself. If you need suggestions, ask the COAST office staff. If you are physically able to do so, opening the car door for the client would be nice.

Do I go into the Dr's office with the client? It is normally not necessary; if it is, we will notify you. If they need a steady arm to walk, you may do that. You can wait in the Dr.'s office, your car, or go on an errand of your own if you like. Just check to see how long the appointment will take before leaving.

What about lunch? If the client must eat because of a medical reason before returning home, or just prior to an appointment, you may stop at a restaurant. You must pay for your own lunch, but not the client's lunch. You could go to lunch while they are in the appointment or bring your lunch in a cooler.



What if the client wants to stop somewhere else? If we have not authorized another stop, call us at 1-800-873-9996, we can tell you if that is permitted. Generally, that will be determined on a case by case basis, depending on the funding source.

What about smoking? Do not smoke or allow the rider to smoke during transport. Also, be aware that perfume and cologne or other similar substances could affect the health of your rider.

What is the Insurance Renewal Notification? Most people pay their insurance on a six month basis. The current insurance card you carry in the car will reflect that six month expiration date. We must have a copy of the current card with the current expiration date. We will send reminder notices if you do not send copies to us automatically. Also include registration copies if you get a new car.

What if I feel uncomfortable about the situation when I arrive to pick up the rider? It is always your call to determine the transport. You may decline at any time you feel uncomfortable. If the client is quarrelsome, angry, drunk, or anything similar that gives you an uneasy feeling, tell the client that you cannot take them and drive away. Just call the office as soon as possible to advise us of the problem. If you feel the client is too sick to be transported in your car safely, call us at once so that we can determine if emergency services should be called.

Accident/Incident reporting requirements:

Accident: Always report any accident, no matter how minor, as soon as possible. A serious accident is defined as one where there is a person injured, or over \$1000.00 damage done to a vehicle. If you have a serious accident, contact us within the hour, as we may need to notify other agencies.

Incident: An incident can be defined as many things, but generally means anything out of the ordinary. Did the client stumble, complain, exhibit anger or seem upset, or express dissatisfaction with any aspect of the entire trip (including the doctor visit)?

No Shows/Cancellation: If the trip does not take place for any reason, and we do not know about it, please call us as soon as possible. Clients that "no show" repeatedly may incur sanctions. "No Shows" waste everyone's time and money.

General Information: We feel the more information, the better. We would rather have you tell us that there was some sort of difficulty/challenge than have someone call us with issues we have not heard about. It is always nice to be able to say "we already know about that, and this is what we are doing."

Any Other Questions? Feel free to call us at any time. We appreciate any other information about changes or concerns in the client's condition. This is called gatekeeping, and it ensures the wellbeing of our more fragile or vulnerable clients.



EMERGENCY CONTACT LIST

Employee name: _____

Doctor's name: _____

Doctor's phone #: _____

Clinic or Hospital: _____

In case of emergency, notify:

_____ Phone: _____

OR

_____ Phone: _____

Comments:



Volunteer Driver Statement of Understanding

The purpose of the volunteer driver is to provide safe and reliable transportation to and from essential services (e.g. medical facilities, social services, nutrition sites, etc.)

The rider being transported by a volunteer driver is a person who has been determined by COAST Transportation (COAST) to have no appropriate means of personal transportation available.

Volunteer drivers in this program drive their own cars and may, or may not, be reimbursed for expenses incurred. Only expenditures that have been requested by COAST will be considered for reimbursement. Council on Aging & Human Services provides general liability insurance for the overall program. However, I acknowledge and agree that my personal auto insurance policy will be the primary insurance while performing duties as a volunteer driver for COAST.

The following minimum insurance coverage is required by the State in the Code of WA (RCW 46.29.090):

1. \$25,000 bodily injury, each person
2. \$50,000 bodily injury, each accident
3. \$10,000 property damage

I understand that I must meet these standards for motor vehicle insurance, policy, or bond. I agree to provide proof of coverage of my vehicle insurance and vehicle registration. In the event that my coverage changes or is canceled, I will immediately notify COAST of such changes or cancellations.

I acknowledge and agree that I have had a valid driver's license for the past five years. I will provide a copy of my valid driver's license. I understand that COAST will be requesting a State Patrol Identification History Check. In addition, I have had no at-fault vehicle accidents in the past three years and agree to have COAST verify my driving record.

I will notify immediately and provide COAST with a copy of:

1. An Accident Report provided by COAST in the event that I am involved in a vehicle accident.
2. Any traffic citation that I may receive while this agreement is valid.

I am physically capable of driving my vehicle safely and will not drive while using any drug that may affect my driving ability, either prescription or "over the counter." If requested by COAST, I will provide a statement from my physician stating that I am capable of participating in this program.

My vehicle is mechanically sound and is equipped with seat belts which I will use and enforce use by my passengers. Children age 12 and under will be placed in the rear of the vehicle and child restraint (car seats, booster seats) will be utilized for all children as required by law. COAST will provide appropriate child restraint equipment if required.

I will maintain all records required by COAST. I agree to attend required training at the request of COAST. I may accept and encourage donations from riders. All donations received will be kept confidential and mailed or directly delivered to COAST.

I will not smoke or allow my passengers to smoke during the transport.

I will protect the rider's right to confidentiality. I will also respect their right to pursue an independent lifestyle and be non-judgmental in my interactions with them.

I have been provided with information about COAST, the purpose of the Volunteer Transportation Program, and my role as a driver and responsibilities. I will notify COAST at the time I no longer wish to be involved in this program. Either COAST, or I, may terminate this agreement at any time.

I have read and understand the above statements.

Signature: _____ Date: _____



HARASSMENT POLICY

It is the policy of the Council on Aging & Human Services that it will not tolerate verbal or physical conduct by any employee or volunteer which harasses, disrupts, or interferes with another's work performance or which creates an intimidating, offensive, or hostile environment.

1. All forms of harassment are prohibited but it is the COA policy to emphasize that sexual harassment is specifically prohibited. Each supervisor has a responsibility to maintain the workplace free of any form of sexual harassment. No supervisor is to threaten or insinuate, either explicitly or implicitly, that an employee's refusal to submit to sexual advances will adversely affect the employee's employment, evaluation, wages, advancement, assigned duties, shifts, or any other condition of employment or career development. In addition, no supervisor is to favor in any way any applicant or employee because that person has performed or shown willingness to perform sexual favors for the supervisor.
2. Other sexually harassing conduct in the workplace, whether committed by supervisory or non-supervisory personnel, is also prohibited. Such conduct includes:
 - (a) Sexual flirtations, touching, advances, or propositions;
 - (b) Verbal abuse of a sexual nature;
 - (c) Graphic or suggestive comments about an individual's dress or body;
 - (d) Sexually degrading words to describe an individual; and
 - (e) The display in the workplace of sexually suggestive objects or pictures, including nude photographs or illustrations.
3. Any employee who believes that the actions or words of a supervisor or fellow employee constitute unwelcome harassment has a responsibility to:
 - (a) Tell the supervisor or fellow employee that their action or words are unwelcome and are considered harassment;
 - (b) Report or complain as soon as possible to the appropriate supervisor or to the Executive Director or the Board Chair if the complaint involves the Director.
4. All complaints of harassment must be investigated promptly in a manner that is as impartial and confidential as possible. If the employee is not satisfied with the handling of a complaint or the action taken by the supervisor, then the COA Problem Solving Procedure should be followed.

I have read and understand the above policy and signing below constitutes an agreement to adhere to this policy.

Signature

Date



CONFIDENTIALITY POLICY

The principal of confidentiality is basic to the maintenance of professional ethics and community respect. All staff of the Council on Aging & Human Services (CoA&HS) have a set of ethical responsibilities by which they are bound to the client, CoA&HS, the community and themselves. CoA&HS clients' act in good faith, expecting their circumstances and personal matters to remain confidential and the CoA&HS is obligated by law and ethics to reciprocate. Confidentiality of client information is maintained for the protection of the client.

The following procedures will be used by staff members and volunteers in regard to confidentiality. For the purposes of these procedures a "client" is defined as a person registered as a program participant. Registration is accomplished by completion of a Participant Information Form (PIF)

1. All paid and volunteer staff members will take responsibility for protecting the confidentiality of all clients. New staff members will receive instruction in these confidentiality procedures.
2. All written and unwritten information concerning clients of the CoA&HS is considered to be confidential.
3. All written information regarding the clients of the CoA&HS will be maintained in files. Only those staff members or volunteers with a "need to know" will have access to these files. No staff member may remove client files from the office without authorization from the staff member's supervisor.
4. When it is necessary for a member of the staff to communicate information about a client to another person or agency, a Release of Information form will be signed by the client or their legal representative. The signed release will be kept in the client's permanent record. If the client is unable to give written consent, then the staff member releasing the information will document the circumstances.
5. When client related materials, i.e. lists; logs; and files, are used outside the office, staff members are responsible and must take appropriate steps to safeguard the materials. Steps might include locking unneeded materials in the car while visiting clients and keeping materials in a secure briefcase when the staff member is home or at meetings.
6. In emergency situations, when it is not possible to have a form signed, a verbal release may be given by the client or their legal representative. The staff member who receives the verbal release will make a note in the client's file and will obtain the written release as soon as possible.
7. A signed release will not be needed when:

- (a) In general, personal information shall not be used or disclosed by any person or organization without the informed consent of the individual who is the subject of the information.
 - (b) The major exception to this policy is that the information may be used for purposes directly connected with the administration of the program which has collected the information. Such purposes include, but are not limited to, determining eligibility; providing the services; and participating in audits of the program. An example of using personal information in the course of providing a service would be a case manager or information and referral working giving the name and other necessary information about an individual desiring a specific service to an agency that can provide that service.” (DSHS memo IM-OOA-AAA-77-83)
8. When a CoA&HS staff member is working with a client and finds it necessary to obtain written information from another person or agency, it will be necessary to obtain a signed release from the client or representative. This release will indicate that the client or representative has given permission for release of information to the CoA&HS.
9. When a CoA&HS staff member either receives requested written information or releases written information about a client to another person or agency, a written or verbal follow-up will be given to the client. This follow-up will inform the client as to what information was release or obtained and what progress has been made helping with his or her individual situation. A record of the follow-up will be kept in the client's file.
10. When a staff member receives unsolicited information about a client from family members, gatekeepers, etc., the staff member may share the information with the client. Professional judgement will determine what to share.
11. The fact that a case has been made public through any of the news media does not alter the fact that this person still has confidentiality privileges with the CoA&HS. For example, if a client has been having difficulties with a given problem and is arrested, the CoA&HS confidentiality procedures will be maintained.

ACKNOWLEDGEMENT:

The following acknowledgement will be signed by each CoA&HS staff member and the record kept in the staff member's personnel file.

I understand and agree to follow all of the above procedures. I am aware that any breach of confidentiality is covered by the CoA&HS Personnel Policies.

Signature

Date



DRUG FREE WORKPLACE POLICY

1. The Council on Aging & Human Services' (CoA&HS) employees and volunteers are prohibited from the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance at any of the CoA&HS facilities and/or during any of the programs offered by the CoA&HS.
2. Any violation of the prohibitions in #1 will be considered to be "Just Cause" for suspension and/or discharge under the Personnel Policies of the Council on Aging & Human Services, Chapter 15, Section 15.02 B.3. Failure to follow explicit CoA&HS policies.
3. As a condition of employment of registration as a volunteer each employee or volunteer will:
 - (a) abide by the terms of #1 above and;
 - (b) notify the CoA&HS in writing of any criminal drug statute conviction for a violation occurring in the workplace no later than five calendar days after such conviction.
4. The CoA&HS will notify grantor agencies in writing within ten calendar days after receiving notice under #3B as referred to above, with respect to any employee or volunteer who is so convicted and will:
 - (a) take appropriate personnel action against such an employee, up to any including termination; or
 - (c) require such an employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement or other appropriate agency.
5. The employee and/or volunteer acknowledges by signature below that he or she has:
 - (a) been given a copy of this policy statement;
 - (b) reviewed this policy statement and;
 - (c) understood the policy statement.
6. A copy of this policy will be maintained in the employee's or volunteer's personnel file.

Signature

Date



ACKNOWLEDGMENT & SIGNATURE PAGE

The following acknowledgment will be signed by each Council on Aging & Human Services (CoA&HS) employee and kept in his or her personnel file.

1. Policies:

I have received a copy of the following policies, understand them and agree to abide by them. I am further aware that any violation of these policies will result in disciplinary actions in accordance with the CoA&HS Personnel Manual (Chapter 15, Disciplinary Action and Termination of Employment.)

☐ Confidentiality Policy

☐ Drug Free Workplace Policy

☐ Harassment Policy

2. Personnel Manual:

☐ I have been given a copy of the Personnel Manual.

Signature

Date

Coast Transportation P.O. Box 107 Collax, WA 99111 (F) 509-397-9229 (P) 509-397-2935	Month: _____ Year: _____ <i>Mileage sheets must be submitted no later than the 3rd of each month.</i>
Drivers will complete one line of this log for every leg of each trip. Use the back of this form for situations requiring more details. <i>Each box below must be filled out completely to qualify for reimbursement.</i>	

Date & Appt Time	Client Name	Pick-Up Address	Drop Off-Address	Driver Leave/Return Home Time & Odometer	Client Pick-Up Time & Odometer	Client Drop-Off Time & Odometer	Total Hours (time from drivers home to return home)	Total Miles

I certify that this amount of travel is correct. I am requesting reimbursement for: Total miles for this sheet: _____ x _____ = \$ _____ Date: _____
 Print name: _____ Signature: _____

Coast Transportation P.O. Box 107 Colfax, WA 99111 (F) 509-397-9229 (P) 509-397-2935	<div style="display: flex; justify-content: space-between;"> <div>Month: _____</div> <div>Year: _____</div> </div> <p><i>Mileage sheets must be submitted no later than the 3rd of each month.</i></p>
Drivers will complete one line of this log for every leg of each trip. Use the back of this form for situations requiring more details. <i>Each box below must be filled out completely to qualify for reimbursement.</i>	

Date & Appt Time	Client Name	Pick-Up Address	Drop Off-Address	Driver Leave/Return Home Time & Odometer	Client Pick-Up Time & Odometer	Client Drop-Off Time & Odometer	Total Hours (time from drivers home to return home)	Total Miles
Example 1 10/1/2022 10:00 AM	Jane Doe	210 S Main St Colfax, WA	Sacred Heart Hospital 101 W 8th Ave Spokane, WA	8:00 AM 25000	8:30 AM 25018	9:45 AM 25079		79
	Jane Doe	Sacred Heart Hospital 101 W 8th Ave Spokane, WA	210 S Main St Colfax, WA	1:00 PM 25158	11:00 AM 25079	12:25 PM 25140	5	79
Example 2 10/2/2022 10:00 AM	John Doe	210 S Main St Colfax, WA	Sacred Heart Hospital 101 W 8th Ave Spokane, WA	8:00 AM 25000	8:30 AM 25018	9:45 AM 25079		79
	John Doe	Sacred Heart Hospital 101 W 8th Ave Spokane, WA	Walmart 1221 S Hayford Rd Spokane, WA		11:00 AM 25079	11:15 AM 25088		9
	John Doe	Walmart 1221 S Hayford Rd Spokane, WA	210 S Main St Colfax, WA	1:45 PM 25169	11:45 AM 25088	1:15 PM 25151		81

I certify that this amount of travel is correct. I am requesting reimbursement for: Total miles for this sheet: _____ x _____ = \$ _____ Date: _____

Print name: _____ Signature: _____

WASHINGTON STATE PATROL
Identification and Background Check Section
PO Box 42633
Olympia WA 98504-2633
(360) 534-2000
<http://watch.wsp.wa.gov>



REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD (RCW 10.97)

- ☐ **\$32 Fee — Conviction Criminal History Record Information Based on Name and Date of Birth**
- For an \$11 fee and an immediate response using a credit card, access our web site listed above.
- ☐ **\$58 Fee — Conviction Criminal History Record Information Based on Fingerprints**
- A full set of fingerprints on a fingerprint card is required for processing.
- ☐ **\$10 Fee per Notary Seal — Notary Letter(s) in Addition to Criminal History Record Check**
- Requesting _____ Notarized Letter(s)

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints. Applicant may be advised of inquiry.

SUBJECT INFORMATION: (Please type or print clearly)

Applicant's Name _____
Last First Middle

Alias/Maiden Name/Other Names Used _____

Date of Birth _____
Month/Day/Year

REQUESTOR INFORMATION: (Please type or print clearly)

Name Aly Sterman - COAST / COA Human Services

Address 210 S Main S / P.O. Box 107

Colfax WA 99111

City State ZIP Code

Contact Phone Number (509) 397-2935

How would you like to receive your results? (Please select only one)

☐ Mailed (It may take 7 to 14 business days for response, when mailed.)

☒ WSP Portal*

Portal Account # 11020245C

Portal Username asterman

*For results to be sent through WSP Portal requestor must have pre-existing WSP Portal account.
To inquire on establishing an account contact us at CRDapplicantfollowup@wsp.wa.gov

* Background checks with notary letters will be mailed to the requestor.

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 Council on Aging & Human Services	
Agent company name (if applicable)	
Company/Agent company address 210 S Main St P.O. Box 107 Colfax WA 99111	
Authorized representative name Aly Sterman	Title COAST Manager
Answer the following	
1. Is this company an employer, prospective employer, or volunteer organization of the individual whose driving record is being requested? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Certification I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.	
Date and place (city or county) signed	X Authorized representative signature

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

PRINT or TYPE Full name (First, Middle, Last)	Date of birth (mm/dd/yyyy)	WA driver license number
Authorization from		
<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 <input type="checkbox"/> Prospective employee—for release of my driving record for employment purposes, not to exceed 30 days from date signed <input checked="" 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		
Employer, prospective employer, or volunteer organization name Council on Aging & Human Services		
Employer agent company name if acting on behalf of the company for employment purposes		
Authorization 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.		
X Signature		Date