

Volunteer Driver Application



“Connecting people to transportation services for non-emergency medical appointments and other necessities”

Volunteer Guidelines

Drivers for IHS Coordinated Transportation - VP must keep current, on file at IHS, the following documents:

- **Current Driver's License**
- **Current Agency Issued Insurance Card**
- **Annual Vehicle Safety and Emissions inspection**

DRIVERS MAY CALL: 607-664-3965

INSTITUTE FAX: 607-776-9482

DIRECTOR'S EMAIL: transportation@ihsnet.org

AFTER HOURS OR EMERGENCY: Program Director cell: 607-769-7432

1. Please notify the office if you will not be available for an extended period of time.
2. If for some reason, you are unable to drive an accepted assignment, please notify the office as soon as possible so we can ask another volunteer to take the client.
3. Immediately report any accidents that may occur while you are transporting a client.
4. We work hard to earn and maintain our clients trust. All clients' affairs are to be treated with total confidentiality.
5. IHS Coordinated Transportation will host a minimum of two volunteer drivers meeting each year.

IHS Coordinated Transportation Policy

Upon approval as a IHS Volunteer Driver, you will be provided with an IHS Coordinated Volunteer Driver magnet to place on your passenger door, business cards, and a reminder packet. IHS Volunteer Drivers have the ability to drive as little or as much as their schedule permits.

If you are not available, you may turn down any proposed assignment. You may choose to cancel an arranged driving assignment due to unsafe weather conditions. In such cases, you are asked to notify the client and the Transportation Office. We schedule only non-emergency appointments.

1. All IHS Volunteers must maintain a valid driver's license and automobile liability insurance limits of at least the State minimum, but preferably \$100,000/\$300,000 as long as they are driving for the program.
2. Volunteer driver's responsibilities with clients are limited to transportation involvement only. Volunteer drivers are not permitted to accompany clients into consultations or examinations.
3. All rides must be scheduled by the client through the Transportation office. If a client desires to arrange a trip directly with you, please advise them that for you to receive mileage reimbursement, they must call us. **Please do not accept payment from the client.**
4. If agreeable to you, additional trip stops such as to pharmacies, banks, and grocery stores are permissible. Please note the additional stops on the trip voucher in the appropriate spots. It is important to include this information in our monthly reports.
5. We transport clients both locally and long distance to places like Rochester, Buffalo, and Sayre if you are willing. We will also cover any expenses involved such as parking, tolls, and reasonable meal allowances (if the assignment extends over any mealtime).
6. Volunteer drivers are currently reimbursed for mileage at the Federal reimbursement rate. Mileage is calculated from your residence to the return to your residence. All parking fees, tolls, and if trips extend over meal times, reasonable meal receipts submitted will be reimbursed.
7. All receipts must be attached to your trip voucher and be submitted every two weeks for reimbursable expenses.

For Questions, please contact me at (607) 776-9467 ext. 222

Thank you again for your interest in the volunteer driver program and your desire to help others!

Allison Pierce
IHS- Volunteer Program Director

IHS Coordinated Transportation

Applicant Information				
Full Name:			Date:	
	<i>First</i>	<i>Last</i>		
Physical Address:				
	<i>Street Address</i>		<i>Apartment/Unit #</i>	
	<i>City</i>		<i>State</i>	<i>ZIP Code</i>
Mailing Address	<input type="checkbox"/> X if same as above			
	<i>Street Address</i>		<i>State</i>	<i>Zip Code</i>
Home Phone: ()			Cell Phone: ()	
Vehicle Year:			Make/ Model:	
Vehicle Color:			E-mail Address:	
Traffic violation convictions within 3 yrs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Traffic accidents within 3 yrs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, what?	

References

Please list three references.

Full Name:		Phone: ()
Address:		
Relationship:		
Full Name:		Phone: ()
Address:		
Relationship:		
Full Name:		Phone: ()
Address:		
Relationship:		

Emergency Contact Information

Name	
Street Address	
City, ST, ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

IHS Coordinated Transportation

Agreement and Signature

I have read and signed the confidentiality agreement and I give my consent for IHS Coordinated Transportation to conduct a criminal and DMV background check.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Office Use Only

Application Approved:

Name	Allison Pierce, Program Director
Signature	
Date	

Required Documents Checklist

Driver's License	
Insurance Card	
Lens Agreement	
Confidentiality Agreement	
Background Check	
Code of Conduct	
NYS Inspection	

Volunteer Code of Conduct

1. Volunteers must maintain a valid driver's license and automobile liability insurance limits for at least the State minimum, but preferably \$100,000/\$300,000 as long as they are driving for the program.
2. Vehicles should be clean and MUST be in safe operating condition. A minimum vehicle inspection should include valid state license and registration; functional heating and ventilation systems; functional and accessible seatbelts in both front and rear seats; functional doors and handles on doors; working speedometer; fully functional lights, turn signals, and windshield wipers; intact rearview mirrors; safe tires with adequate tread depth.
3. Volunteers will be punctual- not too early, not late, in the performance of duties.
4. Volunteers will obey all traffic laws.
5. Volunteers confirm, prior to allowing any vehicle to proceed, that all passengers are properly secured in their seat belts, car seats. (Exception: Only a passenger who has a letter, carried on his/ her person and signed by the passenger's physician, stating that the passenger's medical condition prevents the rider from using a seat belt, may be transported without a fastened seat belt.)
6. Volunteers are requested to report any passenger concerns, trip changes, or unusual occurrence, to the Transportation Director – this includes any 'vulnerable adult' concerns.
7. Volunteers promptly report any accidents, incidents, and traffic tickets as instructed by IHS Coordinated Transportation.
8. Drivers will be responsible for the cost of any moving violation (i.e. speeding tickets).
9. Transportation Program maintains an alcohol and drug-free policy for all staff, volunteers, and clients.
10. Smoking, drinking, eating, or possessing illegal drugs is prohibited by all drivers and passengers. Drivers are to immediately report suspicions to the Transportation Director.
11. When agreeing to take a transport, volunteers agree that they are physically capable of driving their vehicle safely.
12. Volunteers are prohibited from the use alcoholic beverages or mood altering drugs, narcotics, or controlled substances while serving as a volunteer driver.
13. Volunteers are prohibited from accepting payments from clients. This includes payment for mileage, time, assistance, meals, and gifts. accept payment for time or mileage from clients.

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14. Volunteers will not be responsible for passenger's personal items.
15. Volunteers are to be polite, friendly, understanding and courteous to riders.
16. Volunteers provide an appropriate level of assistance to passengers, when requested, or when necessitated by a passenger's condition. For your protection and client security, do not enter client's homes.
17. IHS Coordinated Transportation and Volunteers are mandated, by State and Federal Law, to respect passenger's rights to confidentiality and privacy. Personal, medical, psychiatric, and financial information if known is private, non-public data. All written and unwritten information concerning riders of IHS Coordinated Transportation are considered as confidential.
18. Volunteer drivers are prohibited from making derogatory or discriminatory remarks to or about passengers because of race, color, creed, religion, national origin, sex, disability, age, marital status, or status with regard to public assistance.
19. Short personal errands within client's appointment schedule may be permitted but please refrain from personal stops on transports with client in vehicle.
20. If a client does not answer the door (or phone) for a scheduled pick-up, wait 10-15 minutes, leave and notify the IHS office. Please do not enter homes or contact emergency services.
21. Driver mileage vouchers must be accurate regarding mileage and hours served. Please note any extenuating circumstances.

Any person who violates these codes of conduct may be subject to disciplinary action as determined by the Transportation Director. Reports of volunteer driver misconduct or serious safety issues will be the cause for immediate suspension from client service. Confirmation of misconduct shall be cause for removal of the volunteer driver involved from serving clients.

If any volunteer is suspended from service due to complaints or a determination that the person is not performing the service in a safe, reliable and responsible manner they will not return to service and will no longer serve as a volunteer driver for IHS Coordinated Transportation.

Signature _____ Date / /
IHS Coordinated Transportation Volunteer Driver

Confidentiality and Non-Disclosure Agreement

Name _____

Date / /

Address _____

Phone () -

I agree to respect the privacy concerns of the people we serve. I shall hold in confidence, all information I obtain in the course of my service, whether that information is obtained through written records or individual interaction with any person(s). Therefore, I will not disclose any individual's confidences to anyone, except:

1. As mandated by law.
2. To prevent a clear and immediate danger to a person
3. Where I am compelled to do so by a court of law or pursuant to the rules of a court.

I shall store or dispose of any professional records in ways that maintain confidentiality.

I shall possess a professional attitude which upholds confidentiality towards the people we serve, colleagues, applicants and any sensitive situations arising within my duties with IHS Volunteer Transportation.

I understand that violation of this confidentiality agreement, may be grounds for immediate dismissal.

Signature _____

Date / /

Volunteer Driver

License Event Notification Service (LENS)

The License Event Notification Service (LENS) can supply important information about the driving qualifications of drivers that you employ or regulate. Organizations that use LENS can focus efforts to improve safety and decrease vulnerability.

It will automatically notify our office of driver license events as they post to your drivers' records. LENS can notify our organization about

- the suspension, revocation and restoration of a driver license
- traffic convictions
- reportable accidents
- driver's license expiration

Many employers use LENS.

Sincerely,

Allison Pierce, *Director of IHS Coordinated Transportation*

I _____ give permission for the Institute for Human Services to enter my name in the LENS (License Event Notification Service). I do understand the only records they will be notified of is if # 1 reportable accident or # 2 violations/convictions or suspensions and #3 driver's license expiration.

Signature of Volunteer Driver:

Date:



IHS Coordinated Transportation

Unique Background Solutions

P.O. BOX 1604 MOUNT AIRY, N.C. 27030
PHONE: 336-786-7030 FAX: 336-786-7033
IHS Volunteer Transportation Program

I hereby authorize Carolina Connections, Inc., IHS Transportation Volunteer Driver Program at the Institute for Human Services, Inc., and its agents to conduct a comprehensive review of my background causing a consumer report / criminal history as deemed necessary by IHS Volunteer Transportation Driver Program. I understand that the scope of the consumer report/investigative consumer report will include a verification of social security number; current and previous addresses; and criminal history for all jurisdictions available. I further authorize any individual, company, firm, corporation or public agency to divulge any and all information, verbal or written, pertaining to me to Carolina Connections, Inc. for IHS Volunteer Transportation Program and its agents. I further understand as long as I remain a volunteer IHS Volunteer Transportation Program, this agreement will be binding.

I hereby release Carolina Connections Inc., and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time result to me, my heirs, family, or associates because of compliance with this authorization and request release.

REQUIRED DATA – Please print clearly

Full Name: _____
Last First Middle

Maiden/Other: _____ Dates Used: _____

Social Security Number: _____

Date of Birth: _____ Driver's License #: _____ Exp: _____

Present Address: _____
Street City State Zip

Signature: _____ Date: / /

Please complete form and return via:
Fax: 607-776-9482
Mail: Institute for Human Services, 50 Liberty Street, Bath, NY 14810

ACH CREDIT AUTHORIZATION

The Institute for Human Services is pleased to be able to offer you a new payment convenience—ACH. Now you can have your mileage reimbursement automatically deposited in your checking or savings account. You do not have to change your present banking relationship to take advantage of this service.

- It will save you trips to your financial institution.
- It will save you time in depositing checks
- It will eliminate the possibility of lost, stolen or forged checks.

I, _____, authorize The Institute for Human Services to initiate electronic credit entries for the purpose of reimbursement on authorized transports, and if necessary, debit entries and adjustments for any credit entries in error.

Account type: Checking Savings

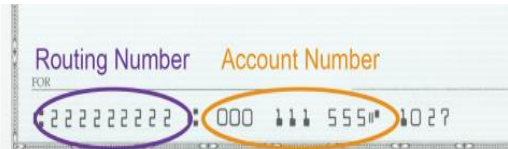
Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



PLEASE ATTACH A VOIDED CHECK

How to Revoke your Authorization:

This authority will remain in effect until I have cancelled it in writing with the Institute for Human Services. I do understand that this may take 7-10 business days to take effect.

SIGNATURE: _____ **DATE:** _____