

Volunteer Driver Application





Coordinated Transportation Volunteer Program

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**
- **Yearly Vehicle Safety and Emissions Check**

DRIVERS MAY CALL: 607-664-3965 or 1-800-346-2211

INSTITUTE FAX: 607-776-9482

DIRECTOR'S EMAIL: transportation@ihsnet.org

EMERGENCY: Program Director (Allison's) cell: 607-769-7432

VOLUNTEER GUIDELINES

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 drive an accepted assignment, please notify the office as soon as possible so we can ask another volunteer to take the client.
3. 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.



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Coordinated Transportation Volunteer Program

IHS COORDINATED TRANSPORTATION POLICY

1. Volunteer driver's responsibilities with clients are limited to transportation involvement only. Volunteer drivers are not permitted to accompany clients into consultations or examinations.
2. In order for mileage to be reimbursed, 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, they must call us.
3. If agreeable to you, additional trip stops such as to pharmacies, banks, grocery store are permissible. Please note the additional stops on the Monthly Trip Log in the appropriate spots. It is important to include this information in our monthly reports.
4. **Please do not accept payment from the client.**
5. Volunteer drivers are currently reimbursed for mileage at the rate of \$.58 per mile. Mileage is calculated from your residence to the return to your residence. All parking fee, toll and if trips extend over meal times, reasonable receipts submitted will be reimbursed. Attach all receipts to Monthly Trip Logs submitted.





Coordinated Transportation Volunteer Program

ACCIDENT PROCEDURES

**DRIVE CAREFULLY
BUT IF AN ACCIDENT HAPPENS....**

Do not move injured person unless necessary to prevent further injury.

1. If your passengers are shaken up or injured, call **911** or one of the emergency services below.
2. If a vehicle is damaged, but your passengers are unhurt, notify the office 1-800-346-2211. If your vehicle is not safely operable, another driver will be sent to deliver your passengers to their destination.
3. By law you are required to notify the police and your insurance company in a property damage over \$500 or if covered by insurance. Insurance companies require a police report in any accident.
4. Make no statements about who was at fault or what caused the accident until the police arrive.



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VOLUNTEERS OF EXCELLENCE

- Are versed in their assignments, knowing how to perform their duties.
- Are observant of the little things, giving those 'extras' that come from the heart.
- Are liberal with their neighborliness, by bringing an atmosphere of 'we want to' and not 'we have to'.
- Understand by showing sympathetic interest.
- Are neat in appearance, which is simply good grooming and conservative dress.
- Are tactful in manner, courteous to all with whom they come in contact.
- Are ethical in their dealings, regarding all information as confidential.
- Are efficient while serving, faithfully and regularly, going that 'second mile' so characteristic of a good volunteer.
- Are refreshing in their outlook, bringing a positive attitude to their assignment.
- Are sharing of their time and talents, giving joy!





Coordinated Transportation Volunteer Program

Volunteer Driver Application Instructions

We currently reimburse drivers for authorized mileage at a rate from when you leave your home until you return home on these assignments. 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).

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.

Upon approval as a IHS Volunteer Driver, Trip Log Sheets are supplied each month and are to be submitted to IHS-VP at the end of each month. For reporting purposes, we ask that they be submitted by the 3rd of the month following your transports. We also have signs available to place on your passenger door that will identify you as a driver for IHS Coordinated Transportation.

Any questions? You can call me toll free at 1-800-346-2211 or (607) 776-9467 ext. 222

Thank you again for your interest in this program and your desire to help others!

Allison Pierce
IHS- Volunteer Program Director



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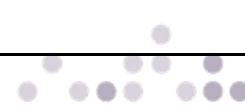
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Applicant Information					
Full Name:				Date:	
	<i>First</i>		<i>Last</i>		
Physical Address:					
	<i>Street Address</i>			<i>Apartment/Unit #</i>	
				<i>State</i>	<i>ZIP Code</i>
Mailing Address	<input type="checkbox"/> X if same as above				
	<i>Street Address</i>			<i>State</i>	<i>Zip Code</i>
Home Phone: ()			Cell Phone: ()		
Social Security:				License No.:	
Auto Ins Co:				Auto Year:	Color:
E-mail Address:				Make/ Model:	
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	
<i>Please list three references.</i>	
Full Name:	
Address:	Phone: ()
Relationship:	
Full Name:	
Address:	Phone: ()
Relationship:	
Full Name:	
Address:	Phone: ()
Relationship:	



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Coordinated Transportation Volunteer Program

Person to Notify in Case of Emergency

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

Agreement and Signature

I have read and signed the Confidentiality Agreement,

I give my consent for IHS Coordinated Transportation to conduct a criminal and DMV background check, and

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	



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Coordinated Transportation Volunteer Program

Agreement to Maintain Confidentiality

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 confidence's 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 Steuben Coordinated Transportation and the Institute for Human Services, Inc.

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

Print Name:	
Signature:	Date:
IHS-VP Staff Signature:	Date:





Coordinated Transportation Volunteer Program

Volunteer Code of Conduct

1. Volunteers must maintain a valid driver's license and automobile liability insurance limits of State minimum, but preferably \$100,000/\$300,000 and obey all traffic laws as long as they are driving for the program.
2. Vehicles should be clean and MUST be in safe operating condition. A minimum state vehicle inspection, proof of insurance, and valid driver's license must be kept current in the drivers file.
3. Volunteers will be punctual- not too early, not late, in the performance of duties.
4. 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.)
5. Volunteers are requested to report any passenger concerns, trip changes, or unusual occurrence, to the Transportation Director – this includes any 'vulnerable adult' concerns.
6. Volunteers promptly report any accidents, incidents, and traffic tickets as instructed by IHS Coordinated Transportation. Drivers will be responsible for the cost of any moving violation (i.e. speeding tickets).
7. Transportation Program maintains an alcohol and drug-free policy for all staff, volunteers, and clients.
8. Volunteers agree that they are physically capable of driving their vehicle safely.
9. Volunteers are prohibited from accepting payments from clients, vendors, physicians or contracted entities. This includes payment for referrals, mileage, time, assistance, meals, and gifts.
10. Volunteers will not be responsible for passenger's personal items.
11. Volunteers are to be polite, friendly, understanding, and courteous to riders.
12. Volunteers provide curbside service. For your protection and client security, do not enter client's homes.
13. 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 confidential.
14. 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 about public assistance.
15. Short personal errands within client's appointment schedule may be permitted but please refrain from personal stops on transports with client in vehicle.
16. If a client does not answer the door (or phone) for a scheduled pick-up, call IHS transportation for instructions.
17. Volunteers shall not engage in false billing practices. Driver mileage vouchers must be accurate, legible, and signed representing actual mileage and hours served.
18. Volunteers will direct all compliance related questions and suspected violations to the IHS Compliance Officer immediately upon discovery.

Name _____

Date / /

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.

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Coordinated Transportation Volunteer Program

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

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.

_____ 

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Coordinated Transportation Volunteer Program

The Institute for Human Services, Inc. will obtain one or more consumer reports or investigative consumer reports (or both) about you for employment purposes. These purposes may include hiring, contract, assignment, promotion, re-assignment, and termination. The reports may include information about your character, general reputation, personal characteristics, and mode of living.

We will obtain these reports through a consumer reporting agency. Our consumer reporting agency is Unique Background Solutions. Their address is 958 North Main St. Mount Airy, NC 27030. Their website is www.uniquebackground.com, where you can find information about Unique Background Solutions privacy practices.

To prepare the reports, Unique Background Solutions may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources.

You may obtain a copy of any report that Unique Background Solutions provides and their files about you (by email, by mail, or by phone) by providing identification to Unique Background Solutions. If you do, Unique Background Solutions will provide you help to understand the files, including trained personnel and an explanation of any codes.

If Unique Background Solutions obtains any information by interview, you have the right to obtain a complete and accurate disclosure of the scope and nature of the investigation performed.

Please sign below to acknowledge your receipt of this disclosure.

Signature

Date

Printed Name



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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: _____

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Coordinated Transportation Volunteer Program

Dear Volunteer Driver,

Firstly, thank you for your commitment to the Institute for Human Services Volunteer Driver Program. The program truly would not survive without the dedication of volunteers like you!

I am writing to inform you of a new policy IHS has put into place with its employees, volunteers and contractors. This policy is in response to the New York State Sexual Harassment Prevention Law. IHS is required to provide you the policy and complaint form so you are aware of who to contact in the event a need arises. IHS will also offer a training for you to attend in the future to inform you further on sexual harassment. The training at this time is not mandated for volunteers however we do want to ensure you're aware that IHS will take immediate and appropriate corrective action if the need arises.

If you need to report a concern, please use the complaint form and mail it to the address listed on the bottom of this letter. The form can also be delivered in person or you can contact myself or Kelsie Baker (Executive Assistant) and we will work with you to complete the form.

If you have further questions or needs I can be reached at (607) 776-9467 ext. 226 or woollettj@ihonet.org. I greatly appreciate your attention to this matter and compliance with New York State law.

Thank you,

Jaclyn Woollett, Ph.D.
Executive Director



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Coordinated Transportation Volunteer Program

SEXUAL HARASSMENT POLICY

The Institute for Human Services, Inc. is committed to maintaining a work environment that is free of discrimination and harassment. Sexual harassment is a violation of IHS's policy and a violation of federal, state and local laws.

Sexual harassment of any employee by another employee, manager, or non-employee (e.g., intern, volunteer, independent contractor, contract worker, vendor, client, customer or visitor), regardless of their sex or gender, is prohibited.¹ Sexual harassment of non-employees by our employees is also prohibited. Further, any retaliation against an individual who has complained about sexual harassment or who has cooperated with a sexual harassment investigation is also unlawful and will not be tolerated.

¹ While this policy specifically addresses sexual harassment, harassment because of and discrimination against persons of all protected classes is prohibited. In New York State, such classes include age, race, creed, color, national origin, sexual orientation, military status, sex, disability, marital status, domestic violence victim status, gender identity and criminal history.

Any employee or individual covered by this policy who engages in sexual harassment or retaliation will be subject to remedial and/or disciplinary action, up to and including termination of employment.

What is Sexual Harassment?

Sexual harassment is a form of sex discrimination and is unlawful under federal, state, and (where applicable) local law. Sexual harassment includes harassment on the basis of sex, sexual orientation, self-identified or perceived sex, gender expression, gender identity, and the status of being transgender.

Unwelcome sexual advances, requests for sexual favors, and other physical or verbal conduct based on an individual's sex constitutes sexual harassment when:

- Submission to the conduct is an explicit or implicit term or condition of employment; or
- Submission to or rejection of the conduct is used as the basis for decisions affecting an individual's employment; or
- The conduct has the purpose or effect of creating an intimidating, hostile, or offensive working environment.



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Sexual harassment is not limited to the physical workplace. It can occur while employees are traveling for business or at employer sponsored events or parties. It can occur outside work hours.

Examples of Sexual Harassment

While it is not possible to list all acts which may constitute sexual harassment, it may include explicit sexual propositions or flirtations; sexual innuendo; suggestive comments; sexually oriented teasing; comments or jokes about gender-specific traits, sexual orientation, gender identity or gender expression; foul or obscene language or gestures; unwanted physical contact; the display or transmission of obscene, demeaning, insulting, intimidating, or sexually suggestive objects, pictures, or photographs; and hostile actions taken against an individual because of that individual's sex, sexual orientation, gender identity, or the status of being transgender, such as interfering with the individual's ability to perform the job, bullying, or name-calling. Sexual harassment also occurs when a person in authority tries to trade job benefits for sexual favors. This can include hiring, promotion, continued employment or any other terms, conditions, or privileges of employment. This is also called "quid pro quo" harassment.

Although unlawful behavior in most circumstances must be severe or pervasive, and one joke or comment may not be enough to constitute sexual harassment, a single incident of inappropriate conduct may be enough to rise to the level of sexual harassment depending on the severity of the incident.

What is Retaliation?

Retaliation is any action that would keep an individual from coming forward to make or support a sexual harassment claim. The action need not be job-related or occur in the workplace to constitute unlawful retaliation.

Such retaliation is unlawful under federal, state, and (where applicable) local law. Both the New York State Human Rights Law and Title VII of the Civil Rights Act of 1964 protect individuals who engage in "protected activity." Protected activity occurs when a person has:

- made a complaint of sexual harassment, either internally or with any anti-discrimination agency;
- testified or assisted in a proceeding involving sexual harassment under Title VII, the Human Rights Law, or other anti-discrimination law;
- opposed sexual harassment by making a verbal or informal complaint to management, or by simply informing a supervisor or manager of harassment;
- reported that another employee has been sexually harassed; or
- encouraged a fellow employee to report harassment.

Retaliation against an employee who, in good faith, makes a complaint of sexual harassment will not be tolerated and will itself be subject to disciplinary action, up to and including termination of employment. Furthermore, no adverse actions will be taken against employees who report violations of this policy in good faith or participate in the investigation of such violations.

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Even if the alleged harassment does not turn out to rise to the level of a violation of law, the individual is protected from retaliation if the person had a good faith belief that the practices were unlawful. However, the retaliation provision is not intended to protect persons making intentionally false charges of harassment.

Reporting Sexual Harassment

Sexual harassment is a form of employee misconduct. No employee is required to submit to, or accept, sexual harassment in order to maintain their position, promotional opportunities, benefits, or to meet any other condition of employment.

Any employee or non-employee who believes they have been a target of sexual harassment or who believes the actions of another employee or non-employee constitute sexual harassment, is encouraged to immediately notify their supervisor, the Executive Director and/or Executive Assistant, or any Supervisor with whom they are comfortable.

Reports of sexual harassment may be made verbally or in writing. A form for submission of a written complaint is attached to this policy. Individuals reporting sexual harassment on behalf of someone else should also use the complaint form.

Employees or non-employees who believe they have been a target of sexual harassment may also seek assistance in other available forums as explained below.

All supervisors who receive a complaint or information about suspected sexual harassment, observe what may be sexually harassing behavior, become aware of sexual harassment, or for any reason suspect that sexual harassment is occurring, **are required** to report such suspected behavior to the Executive Director and/or the Executive Assistant. In addition to being subject to discipline if they engage in sexually harassing conduct themselves, supervisors and managers will be subject to discipline for failing to report suspected sexual harassment or otherwise knowingly allowing sexual harassment to continue.

Investigation of a Sexual Harassment Complaint

ALL complaints of sexual harassment will be investigated whether the information was reported in verbal or written form. An investigation of any complaint, information, or knowledge of suspected sexual harassment will be prompt and thorough. The investigation will be confidential to the extent possible. Corrective action will be taken whenever sexual harassment is found to have occurred.

All persons involved, including complainants, witnesses, and alleged perpetrators, will be accorded due process to protect their rights to a fair and impartial investigation. All employees are required to cooperate as needed in an investigation of suspected sexual harassment. Employees who participate in any investigation will not be retaliated against.

While the process may vary from case to case, investigations should be done in accordance with the following steps:

- Upon receipt of a complaint, the Executive Director and/or Executive Assistant will conduct a review of the allegations, and take any interim actions, as appropriate.
- Relevant documents, electronic communications, emails, or telephone records will be reviewed.
- All parties involved, including any relevant witnesses, will be interviewed.





Coordinated Transportation Volunteer Program

- Written documentation of the investigation (i.e., letter, memo, or email) will be created and kept in a secure and confidential location, which will include a list of all documents reviewed; the names of those interviewed; a timeline of events; and the basis for the decision and final resolution of the complaint, together with any corrective actions action(s).

Upon conclusion of the investigation any identified corrective actions will be taken. The individual(s) who complained and the individual(s) accused will be notified about the final determination.

Legal Protections and External Remedies

Aside from IHS's internal process, employees may also choose to pursue legal remedies with several governmental entities.

The Human Rights Law ("HRL") applies to employers in New York State with regard to sexual harassment. The HRL protects employees and non-employees, regardless of immigration status. A complaint alleging violations of the HRL may be filed either with the New York State Division of Human Rights or in New York State Supreme Court.

The United States Equal Employment Opportunity Commission ("EEOC") enforces anti-discrimination laws, including Title VII of the Civil Rights Act of 1964. Sexual harassment is unlawful under Title VII. If an employee believes s/he has been discriminated against at work, s/he can file a discrimination charge with the EEOC.

Many localities enforce laws protecting individuals from sexual harassment. An individual should contact the county, city, or town in which they live to find out if such a law exists. For example, individuals who work in New York City may file complaints of sexual harassment with the New York City Commission on Human Rights.

Remedies available to a target of sexual harassment may include: reinstatement, back pay, front pay, compensatory damages, punitive damages, and attorneys' fees.



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EMPLOYEE ACKNOWLEDGEMENT FORM

I acknowledge receipt of the Institute for Human Services, Inc. (IHS) Sexual Harassment Policy implemented on October 9, 2018. I understand that this policy will now be integrated into the IHS Personnel Manual. My signature below will confirm that I have received the policy and reporting form, and that I have read and will comply with the policy. I further understand that I should consult the Executive Assistant or Executive Director regarding any questions I have about the policy.

Employee's Name (printed):

Employee's Signature:

Date: _____

Witness' Name (printed):

Witness' Signature:

Date: _____





Coordinated Transportation Volunteer Program

As most of you know we are required to have an effective Medicaid compliance plan in place. The compliance plan was adopted by our board, policies, procedures, and initial compliance training have been developed. I would like to have all IHS volunteer drivers complete the training within the month. The training is online and takes about 20 minutes to complete. I have pasted the link to the training below. After you complete the training, there is a link in the discussion below to click to be redirected to the quiz. Please note that the quiz is required for the compliance records.. Thank you for your cooperation. If you do not have computer access you can set up a time to come in to the office by dialing 607-664-3965.

**New Volunteer Drivers have 30 days from start date to complete.
Current drivers need to complete ASAP.**

2019 Annual Compliance Training Video <https://youtu.be/majEX3lpuo4>

Quiz <https://goo.gl/oDjsPU>



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Information needed to complete the driver's voucher

- Date of transport
- Both the origination address of the trip and time of pickup
- Both the destination address of the trip and time of drop off
- Your vehicle license plate number
- Your driver's license number
- Your full printed name and signature attesting that the trip was completed.

Vouchers are processed every 2 weeks. Please have them to our office every other Friday, starting 3/24/17. Reimbursement to the account you selected to have the ACH transfer will take place the following week. There are several ways you can send your vouchers. You can mail them in (50 Liberty Street, Bath, NY 14810), fax (607-776-9482), or scan an email (transportation@ihsnet.org).

Thank you,

Allison Pierce

