ARTS

Aroostook Regional Transportation System, Inc.

Volunteer Driver Appendices

Aroostook Regional Transportation System, Inc.
24 Houlton Rd., P. O. Box 552
Presque Isle, Maine 04769
(207) 764-5246
1-800-442-3320
Volunteer Information Guide

ARTS is committed to engaging the best qualified volunteers for each position, and will not discriminate against any applicant or volunteer because of race, color, creed, sex, handicap, age, veteran status, religion, sexual preference or national origin. ARTS complies with all applicable state and federal civil rights and protective labor laws.

Employment in this Agency cannot be offered as a consideration or reward for support or defeat of any political party, or candidate for public office, nor may any person as an employee engage in partisan political activity, as defined in Section XIII of the Hatch Act. For the purpose of this requirement, volunteers have been determined to be the same as paid employees and are therefore, subject to the same prohibitions.

It is the policy of ARTS to create and maintain a working environment which is free from all forms of harassment or intimidation. Unwelcome sexual advances, request for sexual favors and other verbal or physical conduct of a sexual nature are serious violations of Agency policy. (They may also violate Title VII of the Civil Rights Act, and Maine Human Rights Act). Any volunteer who is subjected to such sexual harassment or intimidation should immediately contact their supervisor. All complaints of sexual harassment will be promptly and confidentially investigated. Any volunteer who violates this policy will be subject to appropriate disciplinary action, up to and including dismissal.

All volunteers in ARTS directly dealing with children shall be subjected to a check by Protective Services of the Department of Health and Human Services and the State Bureau of Identification for child abuse involvement. Informed consent for this investigation will be given as a part of the application process. If the reports indicate any involvement with child abuse, the volunteers will be further investigated to determine their suitability for these positions.

Volunteers of ARTS are prohibited from directly or indirectly soliciting or accepting any gratuities of monetary value from clientele or from any person or organization performing services or supplying materials under contract to ARTS. Volunteers, including members of the Board of Directors or other policy making bodies, are prohibited from coercing in any way, any Agency employee or volunteer to perform any kind of personal activity, gratuity, or favor.

Public announcements affecting the Agency are not made by volunteers. Those announcements will be made by Agency officials only. Volunteers, as private
citizens, making public announcements should be clear that they are not speaking as a representative of ARTS.

As a volunteer, you represent ARTS and the Agency is judged not only by the quality and quantity of services it provides, but also by the way we look and conduct ourselves. Although the Agency has no specific dress code, we expect that your appearance will always be appropriate to the job that you are performing. Further, we expect that you will always conduct yourself at or away from the agency in a manner that will not discredit ARTS.

The nature of Agency services places a high degree of responsibility on all staff. Their actions have a direct influence upon the quality of services provided and upon the total effectiveness of the Agency. ARTS expects all volunteers to conduct themselves in such a manner as not to discredit the Agency.

All client information gained in the course of a volunteer's activities at ARTS is of a confidential nature and should always be treated as such. Breach of client confidentiality is a serious breach of Agency policy and is subject to disciplinary measures up to and including dismissal.

The authority to engage qualified volunteers rests with the Volunteer Coordinator and respective program supervisors. All applicants for volunteer positions should make application utilizing the Agency Volunteer application process.

Every volunteer should receive a statement of eligibility and attend an orientation upon being assigned.

No volunteer will be assigned to a position at ARTS where a conflict of interest may arise.

Written evaluations should be performed on all volunteers at least once per year.

The only information that will be provided to anyone, regarding a volunteer, without specific permission, is the dates of involvement. Before any other information is released, the volunteer must give the Agency written permission. Therefore, volunteers should make sure they have given the Agency such permission before telling anyone to contact us for information. References will be provided at the request of the volunteer.

All volunteers will be expected to participate in training opportunities. In this way valuable knowledge will be gained by the volunteers in various areas. Also, the various experiences at the Agency will expand the volunteer's knowledge and capacity.

ARTS carries a Liability Insurance which covers all persons, including volunteers, who are providing a legitimate service to clients on behalf of the Agency. This
insurance does not cover deliberate acts of wrongdoing, but protects the volunteers who follow the rules and regulations and who act in the manner of a prudent person. Any volunteer who is injured in any way, no matter how slight while performing tasks as a volunteer should report it to a supervisor.
COMMITMENT TO SAFETY

ARTS believes the safety of our employees, volunteers and the general public is a priority. Accidents cause personal injury, grief, economic hardship and property damage. These results always outlive the shorter amount of time it would have taken to do the job properly. It is especially unfortunate that these injuries, hardships and damages are often permanent.

The management at ARTS is committed to making every effort to prevent accidents. Our goal is to maintain a work force with zero accidents and injuries. To help achieve this goal, ARTS has adopted a safety management program which includes safety training, hazard identification and correction, accident investigation, employee participation in safety committee meetings, and agency safety rules.

As a volunteer, you will be expected to actively participate in the safety program. We ask you to work in a safe and efficient manner; follow all Agency rules and procedures; report any accident involving personnel, equipment, product or vehicles to your supervisor immediately; and report any unsafe condition or activity to your supervisor immediately. All employees and volunteers are held directly accountable for accident prevention and must diligently carry out the safety policy.

Achieving our goal of zero accidents and injuries will assure not only the financial health of the Agency, but also the physical health and well being of each employee and volunteer. Your cooperation and a health attitude about safety are absolutely necessary for us to reach this important goal.
Aroostook Regional Transportation System, Inc.
Eligibility Requirements for the ARTS Volunteer Drivers

Age and Experience

Volunteer drivers must be at least twenty-one years of age and must have a minimum of one year experience as a licensed driver in Maine or any other state.

Criminal Record

An applicant will not be accepted or retained as a volunteer driver if they:

1. Have been convicted of a Class A or greater crime.
2. Have been convicted of a Class B, C, D or E crime within the previous 10 years involving physical or domestic violence or abuse; or a conviction for any crime in the last ten years that jeopardized the health and safety of a minor.
3. Have a record of multiple criminal violations within the past six years.

Motor Vehicle Violations

An applicant will not be accepted or retained as a volunteer driver if they:

1. Have been convicted of OUI within the past 3 years.
2. Have been convicted of more than one OUI within the past 10 years with the most recent in the last five years.
3. Have been identified as a habitual offender as defined by the State of Maine Department of Motor Vehicles.
4. Have a recorded history of ongoing and repeated violations or infractions.
5. Have more than +4 points accumulated on his/her Maine drivers license record. An active driver whose point value exceeds +4 points will be allowed to retain their status as a volunteer if they participate in a recognized Maine Driving Dynamics training program within three months that brings the point total at or below +4.
6. A volunteer will not be accepted or retained if they are in violation of any of the following offenses until the driver provides documented proof the offense has been corrected:
   - Driving an unregistered motor vehicle
   - Driving an uninspected motor vehicle
   - Driving an uninsured motor vehicle
   - Does not possess a valid Maine drivers license
Ongoing and repeated violations of any of these offenses may result in ineligibility at the discretion of the Agency.

**Department of Health & Human Services Record**

A volunteer will not be accepted or retained if they have any history of physical or emotional abuse, neglect or criminal conduct on record with the Department of Health & Human Services in Maine or any other state.

**Accidents**

1. If an applicant has had more than 1 at-fault accident, as determined by the insurance carrier, within the previous year, they will only be accepted as a volunteer if s/he has a current certificate in Defensive Driving.
2. If a driver has had more than 2 at-fault accidents on a DMV background check, or a repeated and ongoing pattern of accidents, the Agency may require supporting documentation from the individual's vehicle insurance company to determine the driver's suitability as a volunteer.

**Vehicle Standards**

1. All vehicles used by volunteer drivers must have current Maine State Motor Vehicle Inspection and registration and must be insured at the minimum vehicle insurance rates established by the State of Maine.
2. Potential drivers who have lived in the state of Maine for less than one year may be required to provide Motor Vehicle, Criminal and DHHS background checks from the state of their prior residence.

**Volunteer Driver Services will no longer be needed if:**

- A volunteer driver does not show appropriate behavior as outlined by the agency volunteer handbook.
- A driver no longer meets minimum standards.
- Citizen, client, and provider complaints will be considered and, depending on the frequency and/or severity of the complaints, may be reason to review, suspend, and/or terminate a volunteer driver service agreement.

* ARTS Operations Manager reserves the right to use her/his discretion in selecting or retaining any potential candidates as a volunteer driver with ARTS.*
This position involves the transportation of clients to various types of appointments. This is a voluntary position with drivers being reimbursed 40/44 cents per mile for the use of their vehicle. It is expected that drivers will transport clients in a safe manner, obeying all motor vehicle laws, and provide that transportation in a timely manner. This is an on-call voluntary position generally providing 24 hours notice, however you will at times, be asked to provide transportation with shorter notice. As a volunteer, you do have the option of refusing any request. You will work primarily with the Volunteer Coordinator who is responsible for coordinating rides. Your supervisor will be the Volunteer Coordinator. The Executive Director and the Operations Manager may become involved with supervision if situation warrants.

Additional Eligibility Criteria:

ARTS volunteer drivers must agree to submit to background checks through the Maine Department of Motor Vehicles, State Bureau of Identification, and the Department of Health & Human Services. The results of these background checks must be within the guidelines and are updated annually or biannually. Drivers who have held a drivers’ license from any state other than Maine within the preceding year (12 months), prior to submitting an application to become a volunteer driver will be required to provide DMV, FBI and Human Services background checks from the state of prior residence.

Drivers shall:

- complete certified DHHS sponsored training, if transporting children, and Defensive Driving courses at agency expense as requested.
- have the ability to complete routine paperwork and follow directions.
- exhibit a willingness and ability to assist clients when necessary. May be required to lift or carry small children and/or climb stairs to provide assistance. Drivers with physical limitations should inform dispatchers and supervisors prior to transporting clients.
- be willing to adapt to scheduling changes on short notice.
AROOSTOOK REGIONAL TRANSPORTATION SYSTEM, INC.

VOLUNTEER ANNUAL EVALUATION

We are required to provide you with an annual evaluation rating your services and skills as a volunteer driver. The following is based upon supervisor and line staff interactions with you and the opinions of our clients whom we survey at random each month. There should be no surprises for you, as supervisors interact with you when and if problems develop.

<table>
<thead>
<tr>
<th>DRIVER NAME</th>
<th>ON TIME DELIVERY</th>
<th>RELIABILITY</th>
<th>COURTEOUS</th>
<th>VEHICLE SAFETY</th>
<th>PAPERWORK</th>
<th>CLEAN VEHICLE</th>
<th>APPEARANCE</th>
<th>COMMUNICATION</th>
</tr>
</thead>
<tbody>
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<td>POOR</td>
<td>POOR</td>
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<td>POOR</td>
<td>POOR</td>
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<tr>
<td></td>
<td>(consistently meets deadlines)</td>
<td>(completes trips as assigned)</td>
<td>(respectful and polite)</td>
<td>(operates vehicle safely and obeys laws)</td>
<td>(accurate)</td>
<td>(generally neat)</td>
<td>(personally neat &amp; tidy)</td>
<td>(asks questions-shares info)</td>
</tr>
<tr>
<td></td>
<td>GOOD</td>
<td>GOOD</td>
<td>GOOD</td>
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<td></td>
<td>EXCELLENT</td>
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</tbody>
</table>

Ratings are based as follows:
- Poor = needs occasional reminder
- Good = usually meets standards
- Excellent = always meets standards

________________________________________  ________________________
Supervisor’s Signature                      Date
**DRIVER'S REPORT OF TRAFFIC ACCIDENT**

<table>
<thead>
<tr>
<th>TIME</th>
<th>Date of Accident:</th>
<th>Time: AM PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLACE</td>
<td>Location of Accident:</td>
<td>Road Condition:</td>
</tr>
<tr>
<td></td>
<td>Road Type:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vehicle #1 (ARTS)</th>
<th>Vehicle #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Driver:</td>
<td>Name of Driver:</td>
</tr>
<tr>
<td>Driver's License #:</td>
<td>Driver's License #:</td>
</tr>
<tr>
<td>Bus #:</td>
<td>Driver's Address:</td>
</tr>
<tr>
<td>License #:</td>
<td>Vehicle License:</td>
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<tr>
<td></td>
<td>Vehicle Make:</td>
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<td></td>
<td>Vehicle Model:</td>
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<tr>
<td></td>
<td>Vehicle Year:</td>
</tr>
<tr>
<td></td>
<td>Name of Owner:</td>
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<tr>
<td></td>
<td>Address of Owner:</td>
</tr>
<tr>
<td></td>
<td>Phone #:</td>
</tr>
<tr>
<td>Description of Damage:</td>
<td>Description of Damage:</td>
</tr>
</tbody>
</table>

If the driver of Vehicle #2 does not wish to pursue claim or repair of vehicle, have them sign the Release Clause that follows:

I, __________________________________, the driver of Vehicle #2 hereby releases Aroostook Regional Transportation System, Inc. from all responsibility regarding damage to my vehicle and personal injury due to accident that happened on 
Date: ________________________ , Time: ________________________.

Vehicle #2 Signature: ________________________________ Date: ________________

ARTS Driver Signature: ______________________________ Date: ________________

Witness Signature: ________________________________ (not driver) Date: ________________
DRIVER’S REPORT OF TRAFFIC ACCIDENT

Injured Parties:

Name: ___________________ Address: ___________________ Phone: ___________________
Name: ___________________ Address: ___________________ Phone: ___________________
Name: ___________________ Address: ___________________ Phone: ___________________

Witnesses:

Name: ___________________ Address: ___________________ Phone: ___________________
Name: ___________________ Address: ___________________ Phone: ___________________
Name: ___________________ Address: ___________________ Phone: ___________________

Officer’s Name: ___________________ Type of Law Enforcement: ___________________

Details of Accident: (Explain and draw what happened)

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Complete the following diagram, showing direction and position of automobiles or property involved, designating clearly print of contact.

Show approximate speed: Vehicle #1 __________ Vehicle #2: __________

Volunteer Signature: ___________________ Date: ___________________
AROOSTOOK REGIONAL TRANSPORTATION SYSTEM, INC.

INCIDENT REPORT

DATE: ____________________ TIME: ____________________ AM ____ PM ____

CLIENT NAME: ____________________

DESTINATION: ____________________

DESCRIPTION OF REASON FOR VARYING POLICY: ____________________

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

DRIVERS SIGNATURE: ____________________

*Submit to Volunteer Coordinator or Operations Manager as soon as possible after incident
AROOSTOOK REGIONAL TRANSPORTATION SYSTEM, INC.

RECEIPT FOR MEDICATIONS

Received from ____________________ medications for ____________________.

(Driver's name) (Child's name)

Name of person receiving medications    Date

* Driver fills in their name and the child's name. Have responsible adult accepting the child sign and date. Driver returns this form to the office.
AROOSTOOK REGIONAL TRANSPORTATION SYSTEM, INC.

VOLUNTEER INSURANCE BENEFICIARY FORM

DRIVERS NAME: ________________________________

ADDRESS: ______________________________________

DATE STARTED: ____________________________

DATE ENDED: ________________________________

NAME OF BENEFICIARY: ________________________________

____________________________________________________

Driver's Signature                    Date

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AROOSTOOK REGIONAL TRANSPORTATION SYSTEM, INC.

VOLUNTEER EMERGENCY CONTACT FORM

VOLUNTEER DRIVER’S NAME: ________________________________

In case of an emergency, please notify:

Name: ____________________________________________________
Address: ________________________________________________
City, State, Zip Code: ______________________________________
Home Phone: __________________ Work/Cell Phone: ____________

Alternate Contact

Name: ____________________________________________________
Address: ________________________________________________
City, State, Zip Code: ______________________________________
Home Phone: __________________ Work/Cell Phone: ____________

_________________________________________________________  Date

Driver’s Signature
AROOSTOOK REGIONAL TRANSPORTATION SYSTEM, INC.
CONFIDENTIALITY POLICY

PURPOSE
To ensure that all Aroostook Regional Transportation System, Inc. adhere to proper legal and ethical standards regarding the confidentiality of any and all information disclosed to or known by them as a consequence of volunteer activities with the Agency that is not generally known to people outside the Agency.

SCOPE
This policy applies to all activities and locations of the Agency.

RESPONSIBILITY
The interpretation and administration of this policy shall be the responsibility of the volunteer’s manager together with the Executive Director. If you have any questions about the confidentiality of any information, consult your manager and the Executive Director before disclosing the information or using the property.

POLICY
Volunteers have an ethical duty not to disclose confidential information obtained from employment and business transactions and to protect confidential relationships between the Agency and its consumers as well as all other entities with whom the Agency does business.

PROCEDURE
In consideration of my association as a volunteer with the Agency and the payment to me of the mileage reimbursement that I shall receive during my association, I agree as follows regarding the disclosure of confidential information.

The protection of the Agency’s confidential information is vital to the interests and success of the Agency. Confidential information is any and all information disclosed to or known by you as a consequence of your association with the Agency that is not generally known to people outside the Agency about its business, its marketing and sales strategies and plans, its finances, operations, employees, methods, processes, compositions, machines, computer software or programs, research projects, consumers, consumer accounts, consumer information, consumer reports and consumer finances, product information and reports, suppliers, accounts, billing methods, pricing data, sources of supply, business methods, production or merchandising systems or plans, and any and all information entrusted to the Agency in confidence by third parties. Confidential information is further defined on page 2 of this policy.

I will not, without the Agency's prior written permission, disclose to anyone outside of the Agency or use in other than the Agency's business during or after my association, any confidential information or material of the Agency, or any information or material received in confidence from third parties by the Agency. Upon the Agency’s request, or when I end the association with the Agency, I will promptly return all of the Agency’s property in my possession, including all confidential information or material. I will not retain a copy in any form or medium.

Confidential information or material of the Agency is any information or material:
(1) Generated, collected by, or utilized in the operation of the Agency that relates to the actual or anticipated business or research and development of the Agency; and

(2) Suggested or resulting from any duties assigned to me or work performed by me for or on behalf of the Agency which has not been made generally available to the public.

I will not disclose to the Agency, use in its business, or cause it to use, any information or material which is confidential to others except with permission of the owner.

I will comply with, and do all things necessary for the Agency to comply with all applicable laws and regulations and with provisions of contracts of the Agency that relate to the safeguarding of information.

A volunteer who improperly uses or discloses confidential information may be subject to disciplinary action, up to and including immediate termination of association and legal action, even if the volunteer does not benefit from the use or disclosure of information.

I agree that for any actual or threatened violation of this policy by me, the Agency may use all lawful means to enforce this policy and I shall be liable to the Agency for its damages and enforcement costs, including its attorney's fees.

With respect to this subject matter, this is my entire agreement with the Agency, and it supersedes (to the extent enforceable) all previous oral or written communications, representations, understandings, undertakings, or agreements by or with the Agency.

ACKNOWLEDGEMENT

Your signature below indicates that you have read, understand, and agree to the Agency's Confidentiality Policy and that you intend to comply with this policy.

Volunteer's Full Name (Please print)_________________________

Volunteer's Signature____________________________________

Date____________________________________________________

Effective Date: August 16, 2005

AROOSTOOK REGIONAL TRANSPORTATION SYSTEM, INC.
PO Box 552, 24 Houlton Road
Presque Isle, Maine 04769-0552

VOLUNTEER DRIVER SERVICE AGREEMENT

Function: ARTS Volunteer Driver

Supervisors: Volunteer Coordinator
Operations Manager

Summary of Agreement:
The person in this capacity is responsible for using their personal vehicle to drive low income and elderly clients to and from appointments as assigned by the volunteer coordinator. Volunteer drivers receive a mileage reimbursement of 40/44 cents per mile. Payment will be made two weeks after the trip paperwork is turned in to the office.

1. Maintain close contact with the Volunteer Coordinator for trip assignments.

2. Use personal vehicle to pick up clients as instructed by the volunteer coordinator and drive them to appointments, assisting them in and out of the vehicle as necessary. Passengers include, among others, low income, elderly, and physically or mentally disabled clients as well as children* under the protective custody of the Maine Department of Health and Human Services. *If volunteer driver has not indicated that they want to transport children, Children’s Transportation Network training will not be required.

3. Maintain personal vehicle to Maine State safety inspection standards. Maintain cleanliness of personal vehicle, both inside and outside, on a daily basis, including washing the vehicle as needed.

4. Maintain confidentiality of all client information. Discussions concerning passengers shall be limited to information necessary to insure safe transportation of the passengers.

5. Maintain a safe driving record with the safety of the passengers in mind at all times, observing all speed limits and traffic safety laws. Report hazardous road conditions and adverse weather conditions that may affect the schedule or passenger safety to the volunteer coordinator.

6. Exhibit a positive, professional attitude with office staff, clients and community. Have an ability to get along with all people and have a sincere desire to serve.

7. Report to the volunteer coordinator if driver knows or has reasonable cause to suspect that a child/adult has been or is likely to be abused or neglected.

8. Attends training sessions, workshops and meetings as requested.

*I certify that I have read the ARTS Volunteer Service Agreement and the responsibilities that are required and I have been given a copy. I also understand that this agreement is based on voluntary participation and does not constitute an offer of employment or eligibility for employee benefits.*

Volunteer Driver Signature ________________________________ Date ____________

Operations Manager Signature ____________________________ Date ____________
AROOSTOOK REGIONAL TRANSPORTATION SYSTEM, INC.

VOLUNTEER DRIVER VEHICLE INSPECTION

DRIVER ______________________________ DATE __________________

MDL # ______________________ EXP. DATE __________________

REGISTRATION # ____________________ EXP. DATE __________________

VEHICLE MAKE/YEAR __________________________ COLOR ____________

STATE OF ME, VEHICLE INSPECTION EXP. DATE ______________________

INSURANCE EXP. DATE ________________________

CONDITION OF VEHICLE: CLEAN: (Y/N) ____

SAFETY EQUIPMENT: AIR BAGS: (Y/N) ____ FRONT ____ REAR

# OF SEAT BELTS ____ CONDITION OF BELTS ______________________

HEADLIGHTS _____

BRAKE CHECK _____

SIGNAL LIGHTS _____

COMMENTS: ____________________________________________

_________________________________________________________________

DO YOU USE AN OPTIONAL VEHICLE? (Y/N) ____ IF YES, EVALUATE ON SEPARATE FORM

OTHER: INSPECTION OF CAR SEATS IF AVAILABLE

NUMBER ____ CONDITION ______________________

NUMBER ____ CONDITION ______________________

VEHICLE INSPECTED BY ________________________