VOLUNTEER DRIVER – ORIENTATION CHECKLIST

Volunteer Driver Name: _______________________________________________________

THIS FORM MUST BE COMPLETED FOR EACH VOLUNTEER DRIVER

____  1. Application Form (filled out & signed)

____  2. Required Program Documents (needed prior to assigning trips)
   ____  Department of Motor Vehicle Record Check
   ____  Department of Health and Human Service Background Check
   ____  IntelliSearch Report: SS Verification/Criminal/Terrorist
   ____  Auto Insurance Policy (copy)

____  3. Service Agreement (signed & reviewed)

____  4. Explanation of:
   ____  Volunteer Driver Services
   ____  Automobile Safety/Defensive Driving
   ____  Eating, Drinking, and Smoking Policy
   ____  Client Confidentiality
   ____  Children Transportation – Car Seat, Promptness, Etc.
   (if driving children)
   ____  Mileage Sheets and Reimbursement Policy

____  5. Vehicle Inspection (Coordinator's Inspection)

Year, Make Model, Color ____________________________________________
Registration Valid Through ____________________________________________
State Inspection Valid Through _________________________________________

____  6. In case of Emergency, Please Notify

Name: ___________________________  Phone: _____________________________

____  7. Copy of Volunteer Driver Policy and Procedures Given to Driver

____  8. Volunteer Driver ID Badge

Coordinator’s Signature  Volunteer Driver’s Signature  Date
VOLUNTEER DRIVER APPLICATION FORM

Name__________________________________________________________

Mailing Address_________________________________________________

Residential Address______________________________________________

Social Security Number_________________________ D.O.B.______________

Home Phone Number________________ Work Phone Number______________

Do you hold a valid Maine Driver’s License? ___________________ Number ______________

Are there any restrictions on your license? ________________________
If yes, please explain:____________________________________________

Vehicle Year____________ Make____________ Color____________

Do you have a clean driving record? _____________________________
If no, please explain:___________________________________________

Indicate below the days and hours you would be willing to drive:

Monday_______ AM to _______ PM   Thursday_______ AM to _______ PM
Tuesday_______ AM to _______ PM   Friday_______ AM to _______ PM
Wednesday____ AM to _______ PM   Saturday_______ AM to _______ PM

Are there days or times when you cannot be contacted?____________________

Are you available for long trips involving 100 miles or more and 6 to 7 hours long?____

Are you willing only to do short trips_______________________________________

I am willing to transport (check your choice)

Children:  _____ 0 to 19     Adults:   _____ 19 to 60

_____ 60 or older

Applicant Signature________________________________________ Date___________
AROOSTOOK REGIONAL TRANSPORTATION SYSTEM, INC.

ACKNOWLEDGEMENT

I, _______________________________ understand that I am a volunteer in Aroostook Regional Transportation System, Inc. (ARTS) transportation program.

As a volunteer, I understand that I serve with the following conditions and responsibilities:

1. Mileage reimbursement is provided for the use of my vehicle and is not a wage.

2. ARTS has the right to cease requesting my services at any time.

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

Volunteer Signature __________________________ Date ________________
AROOSTOOK REGIONAL TRANSPORTATION SYSTEM, INC.

VOLUNTEER INSURANCE BENEFICIARY FORM

DRIVER’S NAME: ________________________________

ADDRESS: ____________________________________

____________________________________________

DATE STARTED: ________________________________

DATE ENDED: _________________________________

NAME OF BENEFICIARY: _________________________

____________________________________________

____________________________________________

Driver’s Signature ____________________________ Date ________________
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: __________

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

PURPOSE
To ensure that all Aroostook Regional Transportation System, Inc. volunteers 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 their 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 or 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