



Community Volunteer Network

A PRS Organization

Hello!

Thank you for your interest in volunteering for the Call-A-Ride program. I'd like to share a little more with you about this program:

**Who are our volunteers and what do they do?** Our volunteers are age 55+ and use their own vehicles to provide non-emergency health related transportation for seniors and individuals with disabilities in our community. We reimburse volunteers mileage at .30/mile and volunteers are covered by supplemental liability insurance during their rides.

**Program nuts and bolts:** Once a week program staff sends an email to all volunteers sharing the rides requested by clients for the following week. Volunteers reply to the email with the ride(s) they would like to take. Program staff responds to each volunteer to confirm the ride or to let them know the ride they requested was filled by another driver. For volunteers that don't use email, program staff will call to share the rides requests. Volunteers call the client at least 48 hours before their appointment to let them know they will be providing their ride, and to arrange the pickup time.

**What happens next?** Volunteers are thoroughly vetted prior to participating, driving records are requested from the Department of Motor Vehicles; background checks are conducted through the Oregon State Police; and sex offender checks are conducted via NSOPW. Please complete and return the enclosed paperwork as soon as possible so we can initiate the process. Please remember to include a copy of your driver's license and insurance card (you can provide a Xerox copy or even take a picture on your phone and email it to [callaride@retirement.org](mailto:callaride@retirement.org) or text to (541) 414-8376.

**I've turned in my paperwork, when can I start?** Once you return your paperwork we have to wait for the results of the above referenced checks. This process usually takes 2 to 3 weeks. We will contact you as soon as we receive the results to discuss when you'd like to start!

Thank you in advance for generously donating your time. We have a long list of people who need our services. We look forward to you joining our team of amazing and dedicated volunteers.

With gratitude,

*Cassie Rose*

Cassie Rose  
Executive Director

[www.cvnvolunteer.org](http://www.cvnvolunteer.org)

One West Main Street, Suite 303 • Medford, Oregon 97501

# Community Volunteer Network



One West Main Street, Suite 303 \* Medford, OR 97501  
541-857-7780 Fax: 541-646-3376

## Volunteer Enrollment Form

Please complete all sections.

Name \_\_\_\_\_ Birth date \_\_\_\_\_

Nickname or preferred name \_\_\_\_\_

Street Address \_\_\_\_\_ City, Zip \_\_\_\_\_

Phone \_\_\_\_\_ e-mail \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Skills/Interests/Languages \_\_\_\_\_

Are you currently volunteering? Where? \_\_\_\_\_

Preferred volunteer role: \_\_\_\_\_

## Optional Information

We receive funding from AmeriCorps Seniors and are asked to report the diversity of the volunteers who serve. The following information will only be used in the aggregate, and will not be compiled or disseminated in ways that will identify the individuals.

Are you a veteran? ☐ Yes ☐ No

What is your ethnicity? (Select one or more)

☐ African American

☐ Caucasian

☐ American Indian or Alaska Native

☐ Hispanic

☐ Asian

☐ Native Hawaiian or Other Pacific Islander

Is a member or your household a veteran? ☐ Yes ☐ No

## REQUIRED INFORMATION

CVN's Supplemental Accident Insurance requires we keep this information on file. Please enclose a copy of your driver's license and automobile insurance card

Driver's license # \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

### Beneficiary or Emergency Contact Information:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

By typing your name below, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application.

Signature of Volunteer

Date

Signature of Program Staff

Date

## Criminal History Background Check

AmeriCorps Seniors requires that all volunteer personnel working with and having one on one contact with vulnerable populations submit to a name based state criminal background investigation. This applies specifically to the Community Volunteer Network's coordinated programs in which volunteers are directly working with or having one on one contact with vulnerable populations. If the results of this background check are returned with any findings the candidate is then provided the opportunity to review and challenge the state agency dispensing the findings for further clarification. Potential volunteers are not allowed to have access to children, persons 60 and older, or individuals with disabilities until their clearance is received.

By signing this document, I understand what is set forth in this policy and give permission to Community Volunteer Network to have my name checked for such purpose.

_____	_____
Name	Date of Birth

\_\_\_\_\_  
Address

By typing your name below, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application.

_____	_____
Signature	Date

Alias, or Maiden Name(s), no nicknames:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

## **CONFIDENTIALITY STATEMENT**

Confidentiality is the preservation of privileged information concerning the client, which is disclosed in a professional working relationship. Part of what you learn is necessary to provide services to the volunteer or client; other information is shared within the development of helping, trusting relationship. Therefore, most information gained about individual clients through an assignment is confidential in terms of the law, and disclosure could make you legally liable or could damage your relationship with the client and make it difficult to help the person.

All records dealing with specific clients must be treated as confidential. General information, policy statements or statistical material, which is not identified with any individual or family, is not classified as confidential.

Before you begin your assignments as a volunteer, you should be aware of the laws and penalties of breaching confidentiality. Although the agency is liable for your acts within the scope of your duty, giving information to an unauthorized person could be interpreted as not acting within the scope of duty and the agency could refuse to support you in the event of legal action. Violation of the Oregon Revised Statute regarding confidentiality of records is punishable upon conviction by a fine of not more than \$1,000.00 or by imprisonment in the county jail for not more than 60 days, or both.

I have read and agree to the above Confidentiality Statement.

By typing your name below, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Learn safe driving strategies with AARP's Smart Driver Course

- The Community Volunteer Network requires that all our Call-A-Ride Volunteer Drivers complete the AARP Smart Driver Course within their first three months of driving for the program.
- The Call-A-Ride Program will reimburse you after you provide us with a copy of the certificate of completion and amount paid.
- The course can cost between \$15 and \$30 depending on where you take it and if you are an AARP Member. The course may be taken in person or online.
- Visit <https://secure.aarp.org/applications/VMISLocator/searchDspLocations.action#> to see the locations for upcoming AARP courses in the area or take the course online at [aarpdriversafety.org](http://aarpdriversafety.org).
- The course is 6 hours whether you complete it in person or online. If you choose to do it online, you have 30 days to complete it from the time you register, so you don't have to finish it all in one sitting.
- Upon completion, you may be eligible to receive an auto insurance discount. Consult your agent for details.
- Certification needs to be updated every three years for volunteers under 70 and every two years for those over 70



Current Status: Active

PolicyStat ID: 9177138

## Community Volunteer Network

A PRS Organization

Creation: 01/2021

Approved: 01/2021

Last Revised: 01/2021

Next Review: 01/2022

Owner: Kristin Milligan: CVN Executive Director

Policy Area: CVN-RSVP, Call-A-Ride

Tags:

Applicability: Community Volunteer Network

# Call-A-Ride Volunteer Driving Record

## POLICY:

It is the policy of Community Volunteer Network to establish acceptable driving record standards and qualifications of the Call-A-Ride (CAR) program volunteers.

Volunteers of the CAR program shall have:

- A. No "Type A" Violations within the past five (5) years; and
- B. No more than two "Type B" violations in the past three (3) years; and
- C. No suspensions/revocations within the past year\*

\*Exceptions may be authorized at the discretion of CVN's Executive Director, if the suspension/revocation was due to a medical condition.

Type A Violations, include, but are not limited to the following:

1. Driving while intoxicated
2. Driving under the influence of drugs
3. Driving while impaired
4. Hit and run
5. Negligent homicide or manslaughter arising out of the use of a motor vehicle
6. Driving while license is suspended or revoked
7. Using a motor vehicle for the commission of a felony
8. Operating a motor vehicle without owner's authority (grand theft)
9. Permitting an unlicensed person to drive
10. Reckless driving
11. Negligent driving
12. Careless driving or racing/speed contest
13. Failure to report an accident
14. Making a false accident report
15. Attempting to elude a police officer

Type B Violations include:

1. All moving violations not identified as "Type A" above
2. At-fault accidents

# PROCEDURE:

CAR program staff will order a copy of the DMV driving record for each new perspective volunteer to confirm volunteers driving records complies with this policy.

As outlined in the Call-a-Ride Volunteer Driver Agreements, volunteers are required to promptly notify program staff if for any reason their driving record no longer complies with this policy.



## Attachments

[Call-A-Ride Driver Agrmt\\_Jan 2021.docx](#)

## Approval Signatures

Approver	Date
Kristin Milligan: CVN Executive Director	01/2021
Kristin Milligan: CVN Executive Director	01/2021

## Applicability

Community Volunteer Network

## Call-A-Ride Volunteer Driver Agreements

As a volunteer driver for the Call-A-Ride (CAR) program, I hereby confirm: 1) I have received a copy of the attached **CAR Volunteer Driving Record Policy**; 2) my driving record complies with the requirements within the policy; and 3) I understand program staff will order a copy of my DMV driving record.

I agree to:

1. Notify program staff immediately if for any reason my driving record no longer complies with the CAR Volunteer Driving Record Policy.
2. Hold a valid Oregon Driver's license, and provide copy to program staff.
3. Operate my vehicle in accordance with the traffic laws of the State of Oregon.
4. Promptly notify program staff of any physical conditions, vehicle defects, or road conditions that might affect my safety or the safety of those I am driving.
5. Provide program staff with a current copy of my insurance card, and to continuously maintain liability and other insurance coverage as required by Oregon law on my vehicle. I will not drive any uninsured vehicle in the course of my volunteer duties. I will notify CAR immediately if I no longer meet this requirement.

I further agree that:

1. My private vehicle will be maintained in good mechanical condition.
2. I will accurately track and report passenger trips, miles, hours, and other information requested by CAR on the timesheet provided and have that form into the CVN office by the 5<sup>th</sup> of each month.
3. I will not accept any money from Call-A-Ride clients, and will inform clients they can make a donation to the program if they insist.
4. I will follow all dispatch and communication procedures established by CAR.
5. I will take the AARP Smart Driver Course before completion of my first three months of driving.
6. I will not provide CAR rides until CAR staff has approved my driving record and I have completed volunteer orientation.
7. I acknowledge that personal health information pertaining to riders is strictly confidential and shall not disclose information to anyone other than the CAR dispatcher and necessary program staff.
8. If involved in an automobile accident while on a Call-A-Ride trip, I agree to follow Community Volunteer Network's accident procedures to notify the police and program staff.

By typing your name below, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_