



Transportation Program Volunteer Registration



Name _____ Birth date: _____

Address _____ City _____ Zip _____

Phone No. _____ Email _____ County _____

Check Trip Preference: ___ Local trips ___ Out-of-town (no metro) ___ Out-of-town (include metro)

List any special training, skills or previous volunteer experience.

INSURANCE REGISTRATION INFORMATION

Driver's License Number _____

Any citations or accidents? _____ When? _____

Please include information for all personal vehicles you will use to perform UCAP trips (if none, skip to enrollment agreement):

Make _____ Year _____ (___ Two-door or ___ Four-door)

Make _____ Year _____ (___ Two-door or ___ Four-door)

Name of Auto Insurance Company _____

Name of Insurance Agent _____ Phone No. _____

Auto Insurance Policy No. _____ *Note: A copy of your proof of insurance card, drivers' license and current registration (which your current tabs came on) is required when registering.*

I hereby state that I am carrying and will continue to carry automobile liability insurance that meets or exceeds Minnesota minimum financial responsibility requirements. I give United Community Action Partnership permission to confirm this with my insurance agent as long as I am registered and serving as a volunteer driver.

___ I understand that my insurance is primary in case of an accident or passenger injury.

ENROLLMENT AGREEMENT: I, _____, volunteer my service through the Transportation Program of United Community Action Partnership and understand that I am not an employee. I agree to provide or consent to the following as required by my volunteer role: (1) A statement to be signed by a physician that no current medical conditions exist which interferes with my ability to safely drive an automobile. (A physical exam is NOT required.); (2) A signed release to verify my driving record, and a signed release for a criminal background check, as required by certain agencies; (3) A statement from a local mechanic that the vehicle used for volunteer driving is in safe operating condition; and (4) I will comply with the Code of Conduct.

I give permission to use my name and/or picture in news stories, news releases, etc. to help promote the program.

___ Yes ___ No

___ I would be willing to volunteer for other area transportation services.

___ I would be interested in becoming an American Cancer Society volunteer.

___ I would be interesting in signing up with ACE volunteer program.

Volunteer's Signature

Date

Director's Signature

Date



WELCOME



On behalf of United Community Action Partnership, we would like to welcome you as a volunteer with our Transportation Program. With your assistance, we can provide a service that otherwise could not be provided. We thank you for dedicating your time and talents. We believe that you are unique because you have learned how to give of yourself to help others.

CODE OF CONDUCT FOR VOLUNTEERS

I will conduct myself with dignity, courtesy, and consideration. I will conduct myself in a professional manner and at the same time be friendly, understanding, and courteous. (I will greet all passengers with a smile!!)

I realize, since I am a volunteer, I do not receive payment for my time. Furthermore, I will not insinuate or accept tips or request that my meals be paid by passengers.

Having been accepted as a volunteer, I will provide service according to the agency standards for paid staff and treat my volunteer work as seriously as if I were paid for it.

As a volunteer, I will not make derogatory or discriminatory remarks to or about passengers because of race, color, creed, religion, national origin, sex, disability, age, marital status, or status regarding public assistance.

I will not impose my religious beliefs or lecture passengers.

I realize that sexual harassment or contact with passengers is inappropriate and not allowed.

I will not use alcoholic beverages or mood-altering drugs while serving as a volunteer.

I will be punctual in the performance of my duties.

I understand I must respect the privacy rights of the passengers I serve. The Minnesota Government Data Privacy Act states that personal, medical, psychiatric, and financial information is private, not public data. Information on these subjects may be shared with a dispatcher or other staff only if it is necessary in relation to the passenger's transportation needs.

I recognize that as a volunteer, I represent United Community Action Partnership. I have an obligation to uphold these codes of conduct.

Signature

*** Volunteers violating codes of conduct may be dismissed at any time. ***

UNITED COMMUNITY ACTION PARTNERSHIP

Transportation Program

I have reviewed my medications with my doctor. I understand that some prescriptions are taken as needed or at night and that I am not to be driving with them. If I do need to take them during the day I will let UCAP know that I will not drive on that day.

Signature and date



Transportation Program
Volunteer Driver Medical Statement



_____ has no known medical condition which would interfere with safe driving of a vehicle.
(Volunteer's name)

_____ I have reviewed the above listed individual's medications with him/her. I have advised the driver listed above about the usage of the prescription/over-the-counter medication attached. He/she **may** drive under the direction provided.

_____ I have reviewed the above listed individual's medications with him/her and I **cannot** recommend this person as a driver.

*Please attach a current list of medications.

Additional Comments:

Physician's Signature Date

Name of Clinic



Transportation Program Volunteer Vehicle Inspection Statement

Reason for Inspection (check all that apply)

Annual inspection____ New Vehicle ____ Replacement Vehicle ____

If replacing a vehicle, which vehicle is being replaced? _____

***Remember to include copy of insurance with annual renewals and new vehicles.**

Volunteer Driver Name

Date

Make of Vehicle

Vehicle License Plate #

Color

2dr/4dr

Make of Vehicle

Vehicle License Plate #

Color

2dr/4dr

Items checked are satisfactory

___ Brakes

___ Windshield Wipers

___ Tires, Wheels, Rims

___ Steering

___ Mirrors

___ Oil and Fluids

___ Lights and Signals

___ Exhaust

___ Horn

___ Other _____

Comments: _____

I certify this vehicle(s) is currently in a safe operating condition.

Signature of Mechanic

Date

Name & Address of Auto Shop or Auto Dealer _____

Phone # of Auto Shop

I understand vehicles should not be operated in such a condition liable to cause an accident or breakdown while serving as a Volunteer Driver for, United Community Action Partnership Inc.

Signature - Volunteer Driver



Transportation Program Volunteer Reference Contact Form

Please provide an emergency contact and two (2) references. If you will be driving for UCAP, your references should include: **a supervisor** from any other business or organization you have driven for in the last three (3) years **or a friend** who can attest to your driving ability.

EMERGENCY CONTACT

Name _____ Phone Number _____

Address _____

Relationship to you _____

REFERENCE #1

Name _____ Phone Number _____

Relationship to you _____ Best time to call _____

Name of business/organization _____

REFERENCE #2

Name _____ Phone Number _____

Relationship to you _____ Best time to call _____

Name of business/organization _____

The above reference information is provided accurately. I understand that reference checks may be performed periodically, at the discretion of United Community Action Partnership staff, and that alternate references may be requested as necessary.

Signature _____ Date _____