

Become an ***Amador Rides*** Volunteer Driver!

Amador Rides is a collaborative effort from several organizations who want to make sure that Amador County residents can get to their medical, dental, and mental health appointments. This is a rewarding volunteer opportunity that really makes a difference in people's lives.

Amador Transit Mobility Management program is managing the Amador Rides program and will be screening volunteers and applicants.

Volunteer Driver Qualifications:

- Must be 18 years of age
- Valid California driver's license and good driving record (DMV Driving Record report required, fee reimbursed)
- Must have and maintain required vehicle liability insurance
- Must have a vehicle which is safe and road worthy
- Must be patient, understanding, and sensitive to clients
- Must be honest, reliable, and nondiscriminatory
- Must have access to a phone (cell phone preferred)
- Must have and use seat belts
- Must attend an orientation session and personal interview
- Must agree to a background check (provided at no cost to the volunteer)



Volunteer Driver Benefits:

- The satisfaction of making a difference in someone's life
- Set your own hours and where you will go
- Receive special training
- Become eligible for supplemental accident and liability insurance coverage

To become an Amador Rides Volunteer Driver, you must provide:

- A completed and signed application and volunteer agreement
- A copy of a valid California Driver's License
- Proof of automobile liability insurance
- A DMV driving record report (\$5 fee to obtain report is reimbursable)

Return materials to the Amador Transit Mobility Manager at: 11400 American Legion Drive, Jackson, CA, 95642.

Please call April Miller at 267-8142 or email mobility@amadortransit.com with any questions.

AMADOR RIDES VOLUNTEER DRIVER APPLICATION

Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____ City / Zip: _____

Mail Address: _____
(If different than above)

Work Phone: _____ Fax Number: _____

E-mail Address: _____

Date of Birth: ____/____/____

How were you referred to us? _____

In case of an emergency while volunteering, please list someone we may call on your behalf:

Name: _____ Relationship: _____

Home/Cell Phone: _____ Work Phone: _____

AVAILABILITY & SKILLS

Are you able to commit to one year of service? Yes No _____

Please indicate your preferred days and hours of availability:

I am willing to drive on a regular basis: <input type="checkbox"/> Weekly <input type="checkbox"/> 2-3 times per week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Occasionally	I am available to drive on the following days: <input type="checkbox"/> M Hours: _____ <input type="checkbox"/> T Hours: _____ <input type="checkbox"/> W Hours: _____ <input type="checkbox"/> TH Hours: _____ <input type="checkbox"/> F Hours: _____	I am willing to drive from/to: <input type="checkbox"/> Camanche <input type="checkbox"/> Fiddletown <input type="checkbox"/> Jackson <input type="checkbox"/> Ione <input type="checkbox"/> Plymouth <input type="checkbox"/> Pine Grove <input type="checkbox"/> Pioneer <input type="checkbox"/> River Pines <input type="checkbox"/> Sutter Creek <input type="checkbox"/> Volcano <input type="checkbox"/> Lodi <input type="checkbox"/> Mather <input type="checkbox"/> Sacramento <input type="checkbox"/> Stockton <input type="checkbox"/> Other _____
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Do you speak a language other than English? Yes No Language: _____

I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily. The decision to accept an applicant into the program will be based upon a final assessment done by the program staff at the completion of the volunteer application process. The program staff has final approval for an applicant's acceptance into the program. No reason will be provided to volunteer applicants rejected from participation in the program.

Signature: _____ Date: _____

OPTIONAL STATISTICAL INFORMATION (This information may help us with grant writing for funding.)

The following information will be used for statistical reporting purposes only. All information provided by you will be kept confidential. Please check one of the following in each category.

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to state			
Primary Language		Marital Status	
<input type="checkbox"/> English <input type="checkbox"/> Spanish		<input type="checkbox"/> Single	<input type="checkbox"/> Married <input type="checkbox"/> Separated
Other _____		<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced <input type="checkbox"/> Decline to state
Disability		Veteran	Disabled Veteran
<input type="checkbox"/> None <input type="checkbox"/> Physical <input type="checkbox"/> Mental		<input type="checkbox"/> No	<input type="checkbox"/> No
<input type="checkbox"/> Developmental <input type="checkbox"/> Decline to state		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Ethnic Origin <input type="checkbox"/> Decline to State			
<input type="checkbox"/> American Indian or Alaskan Native Asian		<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Hispanic/Latino		<input type="checkbox"/> Native Hawaiian or other Pacific Islander	
<input type="checkbox"/> Two or More Races		<input type="checkbox"/> White	

Thank you for volunteering with Amador Rides!

Please return application to Amador Transit, 11400 American Legion Drive, Jackson, CA 95642

Please call 267-8142 if you have any questions or would like to schedule a personal interview.

For Office Use Only

- Signed Application and Volunteer Agreement
- Copy of Valid California's Driver's License
- Copy of Proof of Automobile Liability Insurance
- DMV Driving Record Reviewed and acceptable: Yes No – applicant disqualified _____
- Personal interview completed with: _____
- Background reviewed and acceptable: Yes No - applicant disqualified _____
- Orientation Session completed with/date: _____
- Other info: _____

Date accepted: _____

AMADOR RIDES VOLUNTEER AGREEMENT
To be completed along with the Amador Rides Volunteer Application.

Initial Here

Volunteer Agreement

_____, I, _____, agree that I am a volunteer of Amador Rides and am not an employee thereof. As such, I am fully aware and apprised of the fact that I will not be compensated in any way or in any fashion, for my participation in Amador Rides.

I understand that I do not qualify for worker's compensation benefits.

I will provide my own transportation for any volunteer commitments associated with this program.

As an Amador Rides volunteer, I agree to the following:

- To accept the guidance and decisions of the staff supervisor and to perform my volunteer duties to the best of my ability.
- To adhere to all agency rules, policies and procedures, including record and time keeping requirements.
- To uphold agency, client and volunteer confidentiality at all times.
- To meet time and duty commitments, or to provide adequate notice so that alternate arrangements for coverage can be made.
- To notify the agency in writing or by email, with appropriate notice for processing, of extended leave or of discontinuation of volunteer service.

There will be no political soliciting, religious proselytizing or instruction while volunteering.

I authorize Amador Rides to take photos and/or videos of me during my participation in the Program and utilize such photos for promotional purposes, free of charge.

Driver's License & Auto Insurance

I hereby certify that I currently have a valid California Driver's License which I will maintain throughout my participation in the Amador Rides Program. I agree to immediately advise Amador Rides should my driver's license expire or be revoked or suspended for any reason.

I hereby certify that I have Automobile Liability Insurance on the car(s) I will use to transport passengers and further agree that I will maintain Automobile Liability Insurance throughout my participation in the Amador Rides Program.

Confidentiality Agreement

In order to effectively serve clients, all volunteers and employees of Amador Rides must maintain strict confidentiality with respect to all information about clients, including names, addresses, phone numbers, medical conditions or any other personal information. Please do not discuss any information about a client, except with appropriate personnel who administer the Amador Rides Program.

Breach of confidentiality is a violation of civil law and ethical conduct and cause for disqualification as a volunteer. If in the course of your work you have a suspicion of any form of abuse or neglect, please use the following guidelines:

- In a clear emergency - Call 911, then notify the assigned Amador Rides Coordinator.
- Non-emergency - Call the Amador Rides Coordinator or supervisor. A verbal and written report will be made. If there is no imminent danger, a verbal message should be left for the Coordinator for review and action.

Volunteer Release of Liability

I hereby agree to abide by the rules and regulations governing activities with Amador Rides Program. I elect to participate as a volunteer for Amador Rides at my own risk, and in consideration for being allowed to participate do hereby release and discharge Amador Rides, its assignees, officers, agents, employees, and officials and their successors from any and all claims, losses, and liability arising out of or in any way connected with my participation as a volunteer driver in the Amador Rides Program and from all claims and demands to personal property growing

out of or resulting from my participation, except where the same is caused by the willful misconduct of the foregoing. By signing below, I hereby agree to the Release of Liability as stated above.

Non-Criminal Background & Conflict of Interest Declaration

To be signed by all volunteer applicants of Amador Rides prior to their personal interview.

Due to the confidentiality required, the possible financial or health related services and the vulnerable population served, we require that you read and sign the following:

Applicants are responsible for truthfulness in all statements made on the volunteer application. False statements are grounds for rejection or immediate disqualification as a volunteer.

Please read all statements fully before signing.

I declare and state as follows:

- a) I am an applicant to the Volunteer Driver Program at Amador Rides. I have never been convicted of any felony or misdemeanor involving bodily injury, domestic violence, assault, sexual offense, possession or distribution of an illegal substance, or theft of personal property.
- b) I also understand that my own personal or professional business will not benefit financially or in any other way, from the volunteer service that I will perform for clients I serve through Amador Rides.

I declare under penalty of perjury that the preceding statement is true and correct.

Non-Discrimination Policy

Amador Rides prohibits unlawful discrimination based on sex, race, color, religion, sexual orientation, national origin, ancestry, citizenship, pregnancy, marital status, age, physical disability, mental disability, medical condition, genetic information, or any other consideration made unlawful by federal, state or local laws, ordinances, or regulations. All such discrimination is unlawful.

Amador Rides is committed to complying with all applicable laws providing equal volunteer opportunities. This commitment applies to all persons involved in the operations of Amador Rides and prohibits unlawful discrimination by any volunteer of Amador Rides. By signing below, I hereby agree to abide by Amador Rides' non-discrimination policy.

Agency Agreement

We, Amador Rides, agree to accept the volunteer services of the undersigned. We understand that this agreement can be canceled at any time at the discretion of either party. We further agree:

- To provide adequate information, training and assistance for the volunteer to be able to meet the responsibilities of their position.
- To provide information and support to the volunteer and to provide constructive feedback on performance.
- To respect the volunteer's skills, dignity and individual needs.
- To be receptive to any comments from the volunteer regarding ways in which we might mutually better accomplish our respective tasks.
- To treat the volunteer as an equal partner with agency staff, jointly responsible for completion of the agency mission.

By signing below, I verify that I have read and understand the foregoing Volunteer Agreement. I agree that if I refuse or fail to adhere to the foregoing standards and policies I will no longer be authorized to volunteer on behalf of Amador Rides.

Printed Name of Volunteer: _____

Signature: _____ Date: _____

Amador Rides Representative Witness: _____ Date: _____

Return application packet to: Mobility Manager, Amador Transit, 11400 American Legion Dr., Jackson, CA 95642.