

### **Volunteer Driver Registration Checklist:**

<input type="checkbox"/>	<b>Medical Ability Questionnaire</b>
<input type="checkbox"/>	<b>Volunteer Driver Registration &amp; Enrollment Agreement (Completed &amp; Signed)</b>
<input type="checkbox"/>	<b>Code of Conduct and Confidentiality Policy (Signed)</b>
<input type="checkbox"/>	<b>Authorization to Release Driving Record (Completed &amp; Signed)</b>
<input type="checkbox"/>	<b>Informed Consent (Completed &amp; Signed)</b>
<input type="checkbox"/>	<b>Service Policy Handbook Signature</b>
<input type="checkbox"/>	<b>A Copy of your current Driver's License</b>
<input type="checkbox"/>	<b>A Copy of your proof of insurance that includes the expiration date</b>
<input type="checkbox"/>	<b>Direct Deposit Authorization Form (Completed and Signed) with either:</b> <input type="checkbox"/> <b>A voided check (NO DEPOSIT SLIPS FOR CHECKING ACCOUNTS)</b> or <input type="checkbox"/> <b>Deposit slip with the correct account pre-printed (ONLY SAVINGS ACCOUNTS)</b> or <input type="checkbox"/> <b>A Document from the bank that includes all 3 of the following (Either for checking or savings):</b> 1. <b>The banks name (preferably logo as well)</b> 2. <b>The individual's name</b> 3. <b>The Routing and Account Numbers</b> <b>(A contact person would be a plus)</b>

## **Medical Ability Questionnaire**

1. Do you have any medical conditions that could impair you from performing the duties listed on the volunteer driver service description?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the information I provided on this questionnaire is true and complete to the best of my knowledge. I understand if I misrepresent or falsify information, I will no longer be able to provide my volunteer drivers services for Arrowhead Transit.

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

Volunteer Printed name \_\_\_\_\_

Date \_\_\_\_\_



702 3<sup>rd</sup> Avenue South  
Virginia MN 55792

### Volunteer Driver Registration

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell phone (if applicable): \_\_\_\_\_

Email address (if applicable): \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### Enrollment Agreement

- I agree to volunteer my services as an on-call volunteer driver and although I may receive mileage reimbursement I understand that I am not an employee.
- I have no known medical conditions, nor do I take any medications or drugs that may interfere with my ability to perform as a volunteer driver.
- I agree to consent to periodic criminal background checks and driving record verifications. (consent form attached)
- I certify that I have a valid driver's license and will submit a copy of my license with each renewal. (attach a copy of driver's license)
- I agree to maintain automobile liability insurance that meets or exceeds Minnesota minimum requirements for every vehicle used while I am a volunteer driver and give permission for AEOA/Arrowhead Transit to confirm this with my agent. I will provide verification of renewal. (attach a copy of your insurance card)
- I agree to keep my vehicle in safe operating condition.
- I agree to follow the guidelines in the "Volunteer Driver Service Policy" (copy attached)
- I agree to comply with the "Code of Conduct and Confidentiality Policy". (copy attached)

Drivers Signature \_\_\_\_\_ Date \_\_\_\_\_

Arrowhead Transit Representative \_\_\_\_\_ Date \_\_\_\_\_

**THIS AGREEMENT MAY BE CANCELED AT ANY TIME WITHOUT NOTICE**



If you are interested in signing up for AEOA or checking this box, you are giving  
Arrowhead Transit permission to store your information and use that information

10/10/18



## **ARROWHEAD TRANSIT VOLUNTEER DRIVER CODE OF CONDUCT AND CONFIDENTIALITY POLICY**

- I will conduct myself with dignity, courtesy, and consideration.
- I understand that I am a volunteer, and I will not accept or offer gifts, tips, or payments in any form to or from my passengers. I will notify Arrowhead Transit or Rural Rides immediately of any actions.
- I understand that I will conduct myself with a professional boundaries pertaining to client/volunteer driver relationships.
- I will be punctual in the performance of my duties.
- I will not make derogatory or discriminatory remarks to or about the passengers I am serving in regards to race, color, creed, religion, national origin, gender, disability, age, marital status, or status with regard to public assistance nor will I impose my religious, political, or philosophical beliefs on my passengers.
- I will not carry any concealed weapons or allow any weapons in my vehicle while I serving as a volunteer driver.
- I will not use or be under the influence of alcoholic beverages or illegal drugs while serving as a volunteer driver.
- I will not use foul or suggestive language while serving as a volunteer driver, nor will I engage in any inappropriate sexual behavior.
- I will wear my seatbelt and require all my passengers to wear their seatbelts (all children must use age appropriate car seats ~ to be provided by accompanying adult) when providing volunteer rides.
- I will use caution and abide by all laws when using cell phones or electronic devices.
- I will not smoke in or near the vehicle while I am transporting for medical purposes.
- I understand that I must respect the privacy rights of the passengers I serve. The Minnesota Government Data Privacy Act states that all personal, medical, psychiatric and financial information is private non-public data. Information on these subjects may only be shared with AEOA staff and only if it is necessary in relation to the passenger's transportation needs or in cases of suspected abuse.
- I understand that the Health Insurance Portability and Accountability Act (HIPAA) protects any person I am transporting to a medical appointment. Any information regarding their destination or situation is considered protected health information under HIPPA laws and cannot be shared except with AEOA staff and only if it is necessary in relation to the passenger's transportation needs or in cases of suspected abuse or with law enforcement in the case of an emergency.

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Volunteer Drivers Signature

---

Date

3-25-16



### **Authorization to Release Driving Record**

I hereby authorize and consent to Arrowhead Transit requesting any information concerning my driving record. I hereby authorize any persons having knowledge thereof to provide such information to Arrowhead Transit and/or its agents, and I hereby release from liability and agree to hold harmless any person who furnishes such information in good faith.

**Print Complete Formal Name:** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City / State / Zip Code:** \_\_\_\_\_

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

---

### **Volunteer Driver Vehicle Information**

**Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_

**Year:** \_\_\_\_\_ **Color:** \_\_\_\_\_ **2or4Door** \_\_\_\_\_

**License Plate #** \_\_\_\_\_

**VIN#** \_\_\_\_\_

**If you will be using multiple cars, please list all cars & information on back of paper.**

ARROWHEAD ECONOMIC OPPORTUNITY AGENCY  
ARROWHEAD TRANSIT  
702 3<sup>RD</sup> Avenue South  
Virginia, MN 55792

**INFORMED CONSENT**

**DATE:** \_\_\_\_\_

The following named individual hereby authorizes a criminal history search to Arrowhead Transit under Department of Transportation, Special Transportation Services, Chapter 8840.5900, Subpart 1E, which states, each driver must also have a criminal record clear of convictions of crimes or anticipatory crimes against persons and crimes or anticipatory crimes reasonably related to providing special transportation services.

**Last Name of Applicant (please print):** \_\_\_\_\_

**First Name (please print):** \_\_\_\_\_

**Middle (full) (please print):** \_\_\_\_\_

**Maiden, Alias or Former (please print):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex (M or F):** \_\_\_\_\_  
Month/Day/Year

**Social Security Number:** \_\_\_\_\_

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**



## Arrowhead Transit Volunteer Drivers

### Service Policy Handbook Policy

I have received the Service Policy Handbook that was given to me as a volunteer driver for Arrowhead Transit.

By signing my name below, I certify that I have read and understand the Service Policy Handbook.

---

Name

Date



Arrowhead Transit Volunteer Driver Program

## REPORTING FRAUD AND ABUSE:

If you suspect fraudulent activity:

- You may file a complaint with the Office of Inspector General\*  
Hotline 1-800-424-9071
- For more information visit [www.oig.hhs.gov/exclusions](http://www.oig.hhs.gov/exclusions)
- A complete list of resources can be found at the CMS website  
[www.cms.gov](http://www.cms.gov)

\* The Office of Inspector General Hotline is a clearing house for receiving and handling allegations regarding fraud, waste, abuse, mismanagement or misconduct affecting Department of State programs and operations.





Your ride.

*Fraud, Waste & Abuse Training*

I, \_\_\_\_\_ have received the

Fraud, Waste & Abuse Training on: \_\_\_\_\_.

Driver Signature: \_\_\_\_\_.

Advocate Signature: \_\_\_\_\_.

# Vehicle Accident Report Form

## When an accident occurs:

First Steps	Do Not Say	While Still At the Scene
<ul style="list-style-type: none"> <li>• Remain calm</li> <li>• Get to a safe place</li> <li>• Check for injuries</li> <li>• Administer First Aid</li> <li>• Call 911</li> </ul>	<ul style="list-style-type: none"> <li>• It's all my fault (even if it is)</li> <li>• My insurance will pay for everything</li> <li>• It's OK, I have full coverage</li> </ul>	<ul style="list-style-type: none"> <li>• Get as much information as possible on this report</li> <li>• Take Pictures</li> <li>• When the police come, cooperate and tell them what you know</li> </ul>

## When You Get Home

- Call Colette Hanson (Office 218-735-6814) to report the accident
- Submit a copy of this Accident Report to Transit (Keep a copy for your own records)

## Accident Details

Driver	
Passenger(s)	
Day/Date/Time AM/PM	
Weather/Road Conditions	
Location of Accident	

## Accident Details

## Other Driver/Vehicle Information

Owner's Name:	
Owner's Address:	
Owner's Phone:	
Vehicle Make:	
Vehicle Model & Year:	
Vehicle Color:	
License Plate Number:	
Insurance Company:	
Agent Name & Phone:	
Other Driver's Name:	
Other Driver's Address:	
Other Driver's Phone:	

**Injuries**

Your Vehicle	Other Vehicle
Pedestrian(s)	Other

**Damage Descriptions**

Your Vehicle	Other Vehicle
Towing Company Name & Phone	Towing Company Name & Phone

**Property Damage (other than Vehicles)**


**Police Information**

Officer Name:	
Department:	
Phone:	
Badge Number:	
Other Info:	

**Witness Information**

Name:		Name:	
Address:		Address:	
Home Phone:		Home Phone:	
Other Phone:		Other Phone:	



VENDOR INFORMATION AND  
DIRECT DEPOSIT AUTHORIZATION  
FOR ELECTRONIC FUNDS TRANSFER

Fiscal Office  
702 3rd Ave South  
Virginia, MN 55792

Please print clearly

**For Internal Use Only**

AEOA Dept & Employee Contact:

For assistance with this form:  
218-749-2912 or 1-800-662-5711

**Mailing Address (General)**

Business Name (if applicable) \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State   Zip Code

Email Address for EFT payment notification \_\_\_\_\_

Phone    -    -

Are you an RSVP Volunteer? Y ☐ N ☐

**Tax Identification Information**

Federal TAX ID  or Social Security Number

1099 Needed Y ☐ N ☐ Contractors/vendors must return a completed W-9 with this form.

**Account Information**

Routing Number

Account Number

Financial Institution \_\_\_\_\_

Street Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Account Type Checking ☐ **YOU MUST ATTACH A VOIDED CHECK**

Savings ☐ **YOU MUST ATTACH A DEPOSIT TICKET**

**Authorization to Make Electronic Fund Payments**

I authorize Arrowhead Economic Opportunity Agency (AEOA) to deposit, by electronic fund transfer, payments owed to me and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. Arrowhead Economic Opportunity Agency (AEOA) shall deposit the payments in the financial institution and account designated above. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or my payments may be erroneously transferred electronically.

I consent to and agree with the National Automated Clearing House Association Rules & Regulations about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed.

Authorized Signature

Printed Name

Date

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-			-		
OR									
Employer identification number									

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign  
Here

Signature of  
U.S. person ►

Date ►

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.



## **SERVICE POLICY**

### **Arrowhead Transit Volunteer Drivers**



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## **1.0 ARROWHEAD TRANSIT MISSION AND VISION STATEMENTS**

The mission of Arrowhead Transit is to provide affordable, safe, accessible public transportation in support of independent living and an increased quality of life for the people of Northeastern Minnesota.

The purpose of the Volunteer Driver Program is to provide transportation to medical appointments, social service appointments, and employment opportunities for qualifying persons through contracting agencies and programs when clients do not have access to reliable transportation.

Our vision is that all residents of Northeastern Minnesota will be able to access health care appointments and employment opportunities regardless of economic or social status.

## **2.0 VOLUNTEER DRIVER QUALIFICATIONS**

To ensure safe and reliable transportation opportunities for all of our volunteer rides, our volunteer drivers must meet or exceed all of the outlined qualifications:

### **2.1 Driver's License –**

- A. Volunteer drivers must have a current license valid for the class of vehicle driven.
- B. Volunteer Drivers must be at least 18 years of age and must have not less than 1 year of experience as a licensed driver.
- C. Volunteer Drivers must have driving record that meets the requirements outlined in Minnesota Administrative Rules 8840.5900 subpart 11. In the previous 3 years the driver cannot have:
  - a. A driver's license cancelled, revoked, or suspended.
  - b. A conviction for operating a vehicle without a valid license.
  - c. Any convictions for driving under the influence of alcohol or a controlled substance under MN Statute 169A.20 or any ordinance in conformity with that section.

## **2.2 Insurance –**

- A. Volunteers must have auto insurance that meets or exceeds the Minnesota minimum insurance requirements.

## **2.3 Background Check –**

- A. Volunteer drivers must meet the criminal record requirements outlined in Minnesota Administrative Rules 8840.5900 Subpart 12.
  - a. No crimes against a person or crimes reasonably related to providing transportation services for special needs or vulnerable individuals.
  - b. Felony free.

## **2.4 Safe Operating Vehicle –**

- A. Volunteer drivers must maintain a safe, clean, operating vehicle for providing rides to program participants.

# **3.0 VOLUNTEER DRIVER REGISTRATION FORMS**

Volunteer Drivers must have their registration paperwork approved and on file with Arrowhead Transit prior to receiving any rides. All forms must be completely and correctly filled out including driver signatures.

- A. Sign Application
- B. Background Check/Informed Consent
- C. Proof of Insurance (copy)
- D. Code of Conduct/Confidentiality Policy
- E. Medical Ability Questionnaire
- F. Direct Deposit

## **4.0 VOLUNTEER DRIVER RIDE AND REIMBURSEMENT PROCEDURES**

### **4.1 Ride Authorization/Scheduling –**

- A. All rides must be authorized and scheduled through Arrowhead Transit.
- B. All medical, social services, insurance, or county authorized rides are arranged and authorized by the Volunteer Driver Program Dispatchers and Coordinator.
- C. All employment related rides are arranged through the Rural Rides Program Transportation Advocates.
- D. Any ride not properly approved, authorized, and scheduled by the appropriate Arrowhead Transit staff will not be eligible to receive mileage or expense reimbursement.
  - a. Rides may also be authorized by the Community Transportation Manager.

### **4.2 Mileage Reimbursement –**

- A. Volunteer drivers will be reimbursed at the current federal mileage reimbursement rate by Arrowhead Transit. Federal reimbursement rates are subject to change yearly.
  - a. For information on current reimbursement rate contact your program representative.

### **4.3 Meal Reimbursement –**

- A. Meal reimbursement will be left up to the discretion of the volunteer coordinator and/or dispatcher. All meals must be pre-authorized to qualify for reimbursement.
  - a. Passengers are responsible to pay for their own meals during a trip. Capped reimbursements are as followed:

Breakfast: (before 11:00 am) up to \$5.50\*

Lunch: (between 11:00 am and 4:00pm) up to \$6.50\*

Dinner: (after 4:00 pm) up to \$8.00\*

### **4.4 Parking Reimbursement –**

- A. Parking fees will be reimbursed.
- B. When a volunteer driver uses a coin operated parking meter, the driver must submit an accurate self-written receipt to receive reimbursement.

#### **4.5 Hotel Reimbursement –**

- A. When an overnight stay is authorized the Volunteer Driver may request a reimbursement up to \$50.00\* to assist with hotel room expenses as per the insurance company.

#### **4.6 Training Reimbursement –**

Drivers will be reimbursed mileage at the current federal reimbursement rate for any trainings that are required for the Volunteer Driving Program. (Only 1 reimbursement per household per training.)

*\*All reimbursements are subject to change.*

*\*All meal receipts must be from a business that prepares your meal. No self-prepared meals.*

*\*All expense requests other than mileage must have a dated /time stamped receipt*

#### **4.7 Direct Deposit Requirement –**

- A. Any volunteer receiving reimbursement from any program must have a valid checking or savings account on record with Arrowhead Transit.
- B. If the volunteer closes or changes accounts they must contact Arrowhead Transit with the new information immediately.
- C. No reimbursements will be processed without a valid account on file to make the direct deposit to.
- D. Paper checks are not an approved means of reimbursement.

### **5.0 PASSENGER PICK-UP GUIDELINES**

Passengers should be ready and available for pick up at the scheduled pick up time.

#### **5.1 Passenger Pick-up Guidelines–**

- A. Drivers are prohibited from crossing the threshold of outermost entryway of private homes, or living areas of individual apartments or living quarters.
- B. In communal living and care facilities, lobbies and waiting areas are the best place to greet riders.
- C. Passengers should be allowed a reasonable amount of time to board the driver's vehicle.
- D. Never hurry or press the passenger to move at a speed that would be unsafe or uncomfortable for them.

- E. Contact Volunteer Driver Coordinator or Transportation Advocate in the event of any excessive delays not due to mobility of safety issues.

## **6.0 VOLUNTEER DRIVER DUTIES AND RESPONSIBILITIES**

Volunteer driver duties and responsibilities must be followed as outlined below. Adherence to these guidelines will ensure proper reimbursement, as well as program eligibility and driver safety.

### **6.1 Confirmation –**

- A. Volunteer drivers are expected to contact the passenger the day immediately preceding the scheduled ride to confirm the following:
  - a. Introduction- Volunteer Driver should provide driver information and confirm passenger's name.
  - b. Confirm pick up address and time.
  - c. Confirm appointment time and destination.

### **6.2 Punctuality – Volunteer Drivers are expected to be on time to pick up their assigned riders.**

- A. If the Volunteer Driver is early, they are to wait for the scheduled pick up time before contacting the passenger.
- B. If the Volunteer Driver is running late, they are to call the Volunteer Coordinator/Dispatcher or Advocate. The Volunteer Coordinator/Dispatcher or Advocate will decide how to proceed.

### **6.3 No Shows –**

- A. Volunteer drivers are expected to make every attempt to contact the passenger upon arrival.
- B. If no contact can be made after 15 minutes from the scheduled pick up time, the volunteer driver is cleared to leave and must immediately notify dispatchers of the no show.
- C. The volunteer driver is not to return after the allotted time unless specifically directed to by Volunteer Coordinator/Dispatcher or Advocate.

- D. Volunteer Drivers must submit a no show reimbursement trip sheet to receive reimbursement for any reported no-show.

#### **6.4 Cancellations –**

- A. If the driver cannot complete any assigned trip, they are expected to contact the Volunteer Driver Coordinator or Transportation Advocate immediately.
- B. When a Volunteer Driver feels driving conditions are too dangerous, the Volunteer Driver Coordinator or Transportation Advocate should be notified immediately.
- C. If a trip is cancelled, the Volunteer Coordinator or Transportation Advocate will notify the driver in the timeliest manner possible.
- D. When a passenger cancels their scheduled ride with the volunteer driver, it must immediately be reported to the Volunteer Driver Coordinator or Transportation Advocate.

#### **6.5 Trip Request Changes –**

- A. If there are any changes to the information that was given to you at the time the ride was scheduled, the Volunteer Driver Coordinator or Transportation Advocate will contact you as soon as possible.
- B. Any changes to the scheduled trip must be approved by or initiated by the Volunteer Driver Coordinator, Transportation Advocate or the Community Transportation Manager.
- C. Passengers are not authorized to make changes to any scheduled trip with the driver.

#### **6.6 Passenger Assistance –**

- A. It is the passenger's responsibility to get to and from the vehicle.
  - a. Drivers should offer a reasonable amount of assistance, but transfers from a mobility device or any significant support of the passenger's weight is not the driver's responsibility.
  - b. On the rare occasion the passenger requires the use of a mobility device, it is the passenger's or the qualified caretaker's responsibility to transfer the wheelchair/individual in or out of the vehicle.
- B. A passenger's ability to facilitate boarding and de-boarding of the volunteer's vehicle is a requirement for program eligibility.

- C. These guidelines are in place for both passenger and driver safety as drivers do not receive any formal training in passenger assistance or transfer.

#### **6.7 Seat Belts/Car Seats –**

- A. Drivers and all passengers are required to use seatbelts as outlined in MN Statute 169.686.
- B. If transporting children, it is the passenger's responsibility to install and secure age appropriate child restraints/car seat/booster that meet all NHTSA Standards.
- C. If no appropriate restraints/car seat/booster are available, the volunteer drivers will not transport the child/children and must notify Volunteer Driver Coordinator or Transportation Advocate.

#### **6.8 Electronic Communication Devices –**

- A. Volunteer drivers must follow all laws regarding the use of cell phones and other electronic devices outlined in MN Statute 169.475.
- B. Arrowhead Transit strongly advises against any use of a cell phone while transporting passengers.
- C. Electronic messaging or communication of any kind while driving is both illegal and highly dangerous. Any violation of MN Statute 169.475 may jeopardize a driver's eligibility to receive rides under any of Arrowhead Transit's Volunteer Driver programs.
- D. If a call or text needs to be placed, Arrowhead Transit advises drivers to stop and park the vehicle in a safe area outside of the flow of traffic before placing the call or sending the text.
- E. The use of video/recording devices while a passenger is in the car is prohibited for privacy/HIPAA regulations.

#### **6.9 Tobacco Use Policy –**

- A. Arrowhead Transit strictly prohibits smoking in a vehicle where any child is present.
- B. Smoking is prohibited when providing a ride for medical/transportation purposes.

#### **6.10 Weapons Policy –**

- A. It is the policy of the company to maintain firearms and weapons free environments for all of our passengers.**
- B. Brandishing, or permitting any access to any weapons while providing transportation for the any Volunteer Driver program is strictly forbidden, regardless of any license or permit that the individual may have which would authorize the carrying of firearms or weapons.**
- C. Any threats of violence or use of weapons for intimidation or coercion will be immediately reported to law enforcement for prosecution.**

#### **6.11 Service Animals –**

- A. Service Animals are defined as “Any animal that is individually trained to do work or perform a task for the benefit of an individual with a disability.”**
- B. Service animals are considered extensions of the passenger. AS such they cannot be denied transportation with the passenger.**
- C. Drivers are allowed to identify service animal by the following procedure ONLY:**
  - a. Driver may ask if the animal is a service animal.**
  - b. Driver may ask what task the animal was specifically trained to perform.**
  - c. Emotional support and/or crime deterrence animals are not considered service animals for the purpose of transportation.**
- D. There is no such thing as a national certification or register for service animals.**
- E. Service Animals are the only animals authorized for transport by Arrowhead Transit.**

#### **6.12 Vehicle Crashes or Incidents –**

- A. If a driver is involved in any vehicle crashes with a program passenger on board, regardless of fault or damage incurred, it must be immediately reported to law enforcement and Volunteer Driver Coordinator, Transportation Advocate or the Community Transportation Manager.**
- B. All accidents and incidents must be documented and kept on file for risk management.**
- C. Any accident, crash or incident that occurs while transporting authorized riders are the responsibility of the driver’s insurance.**



#### **6.13 Non-Discrimination –**

- A. The Arrowhead Transit Volunteer Program is committed to respecting the individuality of each person we serve. As a volunteer driver you are required to respect all passengers regardless of the race, culture, age, religion, sexual orientation or disabilities of the persons you serve. Derogatory comments or actions towards any passenger may jeopardize a driver's eligibility to receive rides under any of Arrowhead Transit's Volunteer Driver programs.

#### **6.14 Training –**

- A. Drivers are required to attend a mandatory annual training as well as any other training deemed mandatory by the Community Transportation Manager.

#### **6.15 Paperwork –**

- A. Arrowhead Transit operates two different volunteer driver programs and the forms and requirements vary between the programs.
- B. Contact the Volunteer Driver Coordinator for questions about the proper paperwork for medical/social services rides
- C. Contact the Rural Rides Transportation Advocate for questions about the proper paperwork employment related rides.

### **7.0 MEDICAL RIDE/SOCIAL SERVICE RIDE PROCEDURES**

Medical/Social Services rides are arranged by Volunteer Driver Coordinators.

#### **7.1 Ride Assignment Procedures –**

- A. Volunteer Driver Coordinators will receive a ride request from an authorized agency.
- B. Volunteer Driver Coordinators will then determine the proper driver to assign based on predefined criteria.
- C. Volunteer Driver Coordinator shall contact a driver through phone conversation and/or email to determine availability of the driver.

- D. Rides not directly authorized by the Volunteer Driver Coordinator through an acknowledged phone call or an email will not be eligible for reimbursement under any circumstances.

## 7.2 Trip Record/Mileage Reimbursement Sheets –

- A. Volunteer Drivers must submit a trip/record mileage sheet to the appropriate program within a week of completed services in order to be reimbursed for the trip. The trip record/Mileage sheets must be received no later than Wednesday of the following week in order to be eligible to receive ride/trip/mileage reimbursement the following week.
  - a. There must be a trip record for each passenger ride.
  - b. Any records received after Wednesday will not be processed until the following week.
- B. All information needs to be legible, accurate, and complete on each trip record sheet. If trip records are missing any information, or the information is found to be inaccurate, it may affect your reimbursement.
- C. If any information is missing on the trip record, it will be returned to the volunteer driver to complete and which can affect your reimbursement.
- D. Reimbursement sheets require both the driver's signature and the passenger's signature.
  - a. Sheets missing driver signature will be returned to the driver and could delay reimbursement for that ride.
  - b. If you forget to acquire the passenger's signature you should inform the Volunteer Driver Coordinator immediately.
- E. Double check the trip records before submitting to Arrowhead Transit to ensure there is no delay in processing ride reimbursements.
- F. When requesting reimbursements for meals, hotel or parking, ensure that all receipts are properly attached to the appropriate Trip Record/Mileage Reimbursement Sheet.
- G. Holidays, staff absences, mail delays, or improperly filled out trip record/Mileage Reimbursement Sheets may delay the processing of your reimbursement payment.
- H. All reimbursement questions can be addressed after receiving your reimbursement or the reimbursement deadline has passed (usually Thursday morning)
  - a. Staff will not verify or audit any reimbursement requests until they have processed.

### **7.3 End of Month Requirement –**

- I. All trip records and mileage reimbursement sheets must be submitted at the end of each calendar month regardless of the day of the week it lands on.
- J. Any sheet received after the 5<sup>th</sup> day of the following month the trip occurred may be denied driver reimbursement.

## **8.0 EMPLOYMENT RIDE PROCEDURES**

Rural Rides for employment are arranged by Transportation Advocates.

### **8.1 Ride Assignment Procedure –**

- A. Transportation Advocates determine eligibility for rides.
- B. Transportation Advocates will then arrange and dispatch the ride to a volunteer driver.

### **8.2 Trip Record/Mileage Reimbursement Sheets –**

- A. All information needs to be legible, accurate, and complete on each trip record/mileage reimbursement sheet. If trip records are missing any information, or the information is found to be inaccurate, it may affect your reimbursement.
- B. Driver's need to ensure that all sheets include the following information:
  - a. mileage readings (starting and ending odometer)
  - b. start time and end time of trip
  - c. complete pick-up and destination addresses
  - d. Both the driver's signature and the passenger's signature.
    - i. Sheets missing driver signature will be returned to the driver and could delay reimbursement for that ride.
    - ii. If you forget to acquire the passenger's signature, you should inform the Transportation Advocate immediately.
  - e. Sheets received by Wednesday will normally be processed for reimbursement the following week.
- C. Every Rural Ride Trip Record/Mileage Reimbursement Sheet must have a ride authorization ticket submitted with the reimbursement form.
  - a. Passengers must present this authorization ticket to you prior to the ride.

## **9.0 CONTACT INFORMATION**

### **9.1 Reimbursement Address –**

#### **Arrowhead Transit/Medical Rides - Volunteer Driver Sheets should be mailed to:**

AEOA /Arrowhead Transit  
**Medical Rides**  
Attn: Jen Barfknecht or Karen Berg  
702 3<sup>rd</sup> Avenue South  
Virginia MN 55792

#### **Rural Ride-EMPLOYMENT Driver Trip Records should be mailed to:**

Virginia Work Force Center/AEOA  
**Rural Rides/Employment**  
Attn: Jennifer Sale or Rachel Butala  
820 9<sup>th</sup> Street North  
Virginia MN 55792

### **9.2 Volunteer Driver Coordinators – Arrowhead Transit Medical and Social Service Rides –**

**William Smolensky**  
218-735-6890 or 800-862-0175 Ext 6890  
[william.smolensky@aeoa.org](mailto:william.smolensky@aeoa.org)

**Barb White**  
218-735-6891 or 800-862-0175 Ext 6891  
[barb.white@aeoa.org](mailto:barb.white@aeoa.org)

**Tami Streiff**  
218-735-6812 or 800-862-0175 Ext 6812  
[tami.streiff@aeoa.org](mailto:tami.streiff@aeoa.org)

**Jill Clapsaddle**  
218-735-6833 or 800-862-0175 Ext 6833  
[Jillene.clapsaddle@aeoa.org](mailto:Jillene.clapsaddle@aeoa.org)

### 9.3 Transportation Advocates - Rural Rides - Employment

**Luke Christensen**  
(Aitkin County)  
218-735-6124 or Cell 218-360-9896  
Aitkin Workforce Center  
20 3<sup>rd</sup> Street NE  
Aitkin, MN 56431  
[luke.christensen@aeoa.org](mailto:luke.christensen@aeoa.org)

**Amy Hart**  
(Koochiching County)  
218-285-3654  
I'Falls Work Force Center  
1501 Hwy 71 Room SC128  
International Falls MN 56649  
[amy.hart@aeoa.org](mailto:amy.hart@aeoa.org)

**Amy Ninteman**  
(Carlton and Lake Counties)  
Cloquet 218-878-5005  
Two Harbors 218-623-3037  
Cell 218-730-7717  
Workforce Center  
14 N 11<sup>th</sup> Street, Suite 14  
Cloquet, MN 55720  
[amy.ninteman@aeoa.org](mailto:amy.ninteman@aeoa.org)

**Anna Palo**  
(Northeast St Louis County)  
218-735-6849  
C/O Workforce Center  
820 9<sup>th</sup> Street North  
Virginia MN 55792  
[anna.palo@aeoa.org](mailto:anna.palo@aeoa.org)

**Anna Ross**  
(Cook County)  
218-404-8200  
15 N Broadway Ave, PO Box 331  
Grand Marais, MN 55604  
[anna.ross@aeoa.org](mailto:anna.ross@aeoa.org)

**Anna Longnaker**  
(St. Louis County)  
(218)623-3035  
4995 Miller Trunk Hwy  
Hermantown, MN 55811  
[ann.longnaker@aeoa.org](mailto:ann.longnaker@aeoa.org)

**Diane Gilmore**  
(Itasca County)  
218-327-6757  
Grand Rapids Work Force Center  
1215 SE 2<sup>nd</sup> Avenue  
Grand Rapids MN 55744  
[diane.gilmore@aeoa.org](mailto:diane.gilmore@aeoa.org)

**Randy Hokkanen**  
(West St Louis County)  
218-262-7359  
Hibbing Work Force Center  
3920 East 13<sup>th</sup> Avenue  
Hibbing, MN 55746  
[randy.hokkanen@aeoa.org](mailto:randy.hokkanen@aeoa.org)

#### 9.4 Other Program Staff

**Jennifer Sale**

*Program Specialist for Rural Rides*  
AEOA/Virginia Work Force Center  
820 9<sup>th</sup> Street North  
Virginia MN 55792  
PH: 218-735-6886 Fax 218-741-5424  
[jennifer.sale@aeoa.org](mailto:jennifer.sale@aeoa.org)

**Rachel Butala**

*Program Specialist for Rural Rides*  
AEOA/Virginia Work Force Center  
820 9<sup>th</sup> Street North  
Virginia MN 55792  
PH: 218-735-6860 Fax 218-741-5424  
[rachel.butala@aeoa.org](mailto:rachel.butala@aeoa.org)

**Jen Barfnecht**

*Program Specialist for Medical Rides*  
Arrowhead Transit/Medical Rides  
702 3<sup>rd</sup> Ave S  
Virginia, MN 55792  
Phone: 218-735-7347  
[jennifer.barnecht@aeoa.org](mailto:jennifer.barnecht@aeoa.org)

**Karen Berg**

*Program Specialist for Medical Rides*  
Arrowhead Transit/Medical Rides  
702 3<sup>rd</sup> Ave S  
Virginia, MN 55792  
Phone: 218-735-7347  
[karen.berg@aeoa.org](mailto:karen.berg@aeoa.org)

**Colette Hanson**

*Community Transportation Supervisor*  
702 3<sup>rd</sup> Ave South  
Virginia, MN 55792  
Phone: (218)735-6814  
[colette.hanson@aeoa.org](mailto:colette.hanson@aeoa.org)

**Martin Lepak**

*Transportation Advocate & Volunteer*  
*Driver Outreach*  
[martin.lepak@aeoa.org](mailto:martin.lepak@aeoa.org)

**Voni Vegar**

*Assistant Transit Director*  
[voniv.vegar@aeoa.org](mailto:voniv.vegar@aeoa.org)



# Volunteer Driving Program

## About the Program

### **What do volunteer drivers do?**

Volunteer drivers provide individuals in need of transportation with a means of getting to and from medical appointments.

### **Who qualifies to be a volunteer driver?**

Anyone who is:

- Age 21 or older
- Has a valid driver's license
- Has proof of insurance
- Has a clean driving record
- Has not had a suspended license or DWI within the past 3 years
- Has had no felony convictions

### **What type of insurance coverage must a volunteer driver have?**

A volunteer driver is required to provide enough insurance to allow them to drive legally in the state of Minnesota.

### **What type of vehicle can be used?**

The vehicle must be safe, dependable and clean. Volunteer drivers use all different types of vehicles from small subcompacts to large SUVs.

### **How can I become a volunteer driver?**

Call Transportation Advocate Martin Lepak at (218) 410-9755.

## FAQs

### **Q. How are volunteer drivers notified of a ride?**

A. Volunteer drivers are notified by a telephone call or a text of a ride at least 24 hours prior to the time of pickup. An email notification of the ride is also sent.

### **Q. Who notifies volunteer drivers of rides?**

A. All medical rides are dispatched by volunteer driver coordinators who are located in one central location at the Arrowhead Transit office in Gilbert.

### **Q. How frequently are volunteer drivers requested to drive?**

A. Volunteer drivers typically provide rides three to four times per week. Rides vary in length and frequency, depending on the needs of riders and driver availability.

### **Q. Do volunteer drivers receive any reimbursement?**

A. All volunteer drivers are reimbursed at the maximum federal mileage rate. Mileage is reimbursed from the time the drivers leave their home until they return home.

### **Q. How are volunteer drivers reimbursed?**

A. Volunteer drivers submit mileage reimbursement forms for all rides provided and receive reimbursement by direct deposit.

### **Q. Are volunteer drivers considered employees or contractors?**

A. Neither, volunteer drivers are volunteers.

### **Q. Are volunteers required to pay tax on the reimbursement they receive?**

A. This question should be answered by your individual tax preparer. AEOA/Arrowhead Transit is required to provide 1099 forms to all volunteers that receive \$600 or more in reimbursement annually.

### **Q. Are volunteer drivers who are on call required to provide all rides requested?**

A. Volunteer drivers have the right to refuse any rides offered to them at the time of dispatch.

### **Q. May volunteer drivers take time away from volunteering to pursue personal activities?**

A. Yes, the volunteer driver program is designed so you may take time to come and go from the program at will by simply notifying the coordinators of your plans.



## WE COULDN'T DO IT WITHOUT YOU!

It's a fact: many people in our communities need help getting to the places they need to go. Whether they are no longer able to drive, they have a disability that prevents them from driving, or there is no public transportation available – many of our neighbors are not as mobile as they would like to be.

Who provides the helping hand? Volunteer Drivers!

Volunteer Drivers are vital to the well-being of our community. You are often the only transportation that links people with critical services and activities necessary for a healthy, productive life.

## WE WANT YOU TO FEEL SAFE.

The liability of volunteers as they do their work has become a concern in recent years. While accidents do happen, the reality is that very few volunteers have ever been sued. And we want to keep it that way.

If you're starting to get worried, don't. We hope this brochure will reassure you about how safe you are, and also answer your questions. Knowing the facts about Minnesota law and how your insurance works should keep you feeling great about volunteering.

The truth is, volunteers in most situations are protected by law.

How you are protected is determined by the kind of agency for which you volunteer. According to current Minnesota law:

- Volunteers in programs operated by voluntary, nonprofit agencies and organizations (those exempt under MN Statute 290.05) are immune from civil liability as long as they are acting in

good faith and within the scope of their volunteer responsibilities. There are exceptions to this general rule. For instance, when the volunteer directly injures someone or causes wrongful death, if the injury occurs in a car accident, the volunteer's automobile liability insurance provides coverage of a lawsuit. See "The what if's? of accidents and liability" section.

Volunteers in established programs operated by state or local units of government (for example, the city, county, park, or school district) are protected by the state or local unit of government for which they volunteer. They are *indemnified*, which means that in case of a lawsuit, the unit of government will provide legal assistance and/or pay damages. The exceptions noted above also apply.

- Volunteers in programs operated by for profit organizations (some nursing homes or residential care facilities, for instance) are not covered by immunity or indemnification under state law. In this case, ask if the organization has a risk management program and/or insurance for volunteers, and how it affects you.

Keep in mind that your insurance works for you.

- Your insurance rates will not be increased just because you use your car as a Volunteer Driver. However, your rates may be affected if you drive a significant number of additional miles each year.
- Insurance companies cannot refuse to pay claims because you use your car as a Volunteer Driver. Keep in mind, though, that your personal auto policy does not cover "a vehicle used for hire or as a taxi." Basically, this means you should not accept payments or gifts from passengers. It could be viewed as using your vehicle for hire.
- You can receive a donation that goes to your volunteer organization. Plus, your organization may reimburse you for normal mileage expenses, as long as the

reimbursement rates fall within Internal Revenue Service (IRS) regulations. Call (800) 829-1040 if you need details. Reimbursement that exceeds IRS regulations could be considered taxable income.

- Insurance companies cannot cancel, or refuse to renew, your personal auto insurance policy because you are a Volunteer Driver. If you think this has happened, contact the Enforcement Division of the Department of Commerce at (651) 296-2488.

## FOR MORE INFORMATION

Contact the following organizations:

- Minnesota Department of Commerce:  
Consumer Response Team  
651-296-2488,  
or  
toll free 800-657-3802.
- Minnesota Board on Aging  
651-431-2500  
MN Relay: 711 or 1-800-627-3529  
[www.mnaging.org](http://www.mnaging.org)
- Minnesota Department of Transportation:  
Office of Transit  
651-366-4191

For help managing a safe volunteer program, your organization may want to contact the Nonprofit Risk Management Center [www.nonprofitrisk.org](http://www.nonprofitrisk.org)

Thanks for helping Minnesotans get where we need to go!

### Remember:

This brochure does not take the place of your insurance policy or legal advice. Volunteer immunity and indemnification laws are relatively new in Minnesota and have not yet been tested in the courts. Refer to your insurance agent or attorney with specific questions. Your insurance policy is the legal document that decides the insurance coverage in each case.



VOLUNTEER DRIVERS

Getting  
There  
Safely

Insurance  
&

Liability  
Information

Minnesota Board on Aging,  
Minnesota Department of Human Services  
and  
Minnesota Department of Commerce  
Office of Transit, Department of Transportation





## The 'what ifs?' of accidents and liability:

### ■ What if I'm in an accident as a Volunteer Driver and a passenger is injured?

Minnesota law provides for personal injury protection coverage which compensates victims of automobile accidents without proof of negligence on anyone's part ("personal injury insurance protection"). In this case, an injured passenger's own automobile insurance provides reimbursement for medical expenses or lost income (within specified limits).

Injured passengers should first seek coverage for medical and lost wage expenses under their own personal injury protection insurance policy, or the policy on a vehicle where they are a resident of the household. If the passenger has no policy, under no-fault law the driver's policy would provide coverage.

The second part of the law provides for automobile liability insurance. As a Volunteer Driver, your automobile liability insurance covers you for "bodily injury and property damages resulting from your negligence." Thus, if a passenger sues you for injuries suffered in an accident while riding in your car, your personal automobile insurance policy provides coverage.

There are exceptions, such as commuter vans and vehicles used to transport children as part of family day care programs, or to school, or a school-sponsored activity. Please check with your insurance agent if you have a question.

### ■ What if my passenger falls and is injured as I walk that person to or from my car?

Coverage is the same if an accident occurs while entering or alighting from the vehicle. (See previous 'what ifs'.) If the passenger falls going into a building, the party responsible for the accident is liable.

### ■ What if I'm in an accident but I'm driving the organization's vehicle, not my own?

Since liability "follows the vehicle" the organization's insurance will provide coverage. Personal injury protection coverage benefits will be provided by the passenger's automobile insurance. If the passenger has no policy, the organization's personal injury protection insurance will respond.

### ■ What if I'm transporting items (meals, equipment, blood) rather than people?

The organization for whom you're volunteering should assume responsibility for property in your care because your personal automobile insurance policy will not cover others' property. Check with the organization to make sure its insurance covers its transported property.



## BE PREPARED ---- THE BEST WAY TO STAY SAFE.

As a Volunteer Driver, you should:

Check your own insurance before volunteering, and also ask about the organization's insurance. Be sure the organization will cover property transported in your vehicle.

■ Make sure you have a valid driver's license. The standard "Class C" driver's license applies to most vehicles a volunteer could drive, but there are exceptions for vehicles such as school buses. Ask your volunteer organization if a special license is needed.

■ Attend all job-related orientation and training offered by your volunteer organization, and keep records of your participation. Know and abide by all established policies and procedures.

■ Have all passengers wear seat belts. When transporting children, use age-appropriate seat restraints.

■ Stay within the scope of your volunteer responsibilities. Insurance provides coverage for you as a volunteer only for accidents that happen while you are carrying out the duties you are specifically asked to perform.

■ Take a defensive driver training course. Minnesota law provides 10% credit on insurance rates for drivers age 55 and older who complete the course and show evidence to their insurance company.

■ Report any medical problems that might affect your driving to the volunteer organization.

■ Keep your car well-maintained.

## The volunteer Organization should:

■ Check for a valid driver's license and adequate automobile insurance.

■ Provide orientation, training, and refresher training to stimulate and increase volunteers' driving skills and ability to help passengers.

■ Provide a job description outlining the scope of the volunteer's responsibilities, with clear instructions and policies spelled out.

■ Accept volunteers as part of a team, including them in training and meetings that pertain to their volunteer responsibilities.

■ Establish and communicate lines of supervision, so volunteers know to whom they are responsible.

■ Inform drivers of tax regulations and benefits.

■ Maintain accurate volunteer records.



## Medical Rides

Send your completed form(s) EVERY WEEK to:  
Arrowhead Transit  
702 3rd Ave. S. Virginia, MN 55792  
218-735-6877 Karen or 218-735-7347 Rachel

Trip Date

Entry Date Office Use Only

Driver Name: Last, First and Middle

\*Starting Odometer: Start Time AM/PM

\*Google Map used to calculate miles

Driver Address:

\*Ending Odometer: End Time AM/PM

\*Google Map used to calculate miles

Passenger #1 Name: (PLEASE PRINT)

Passenger #1 Phone Number:

1 Leg  3 Leg  Split  
 2 Leg  4 or More  NO SHOW

Pick-up Address: (Include City)

Destination Address: (Include City)

Passenger #2 Name: (PLEASE PRINT)

Passenger #2 Phone Number:

1 Leg  3 Leg  Split  
 2 Leg  4 or More  NO SHOW

Pick-up Address: (Include City) Same as above

Destination Address: (Include City) Same as above

Driver Expenses: Meals must be PRE-APPROVED by Dispatch  
Receipts **MUST** be submitted for reimbursement

Breakfast up to \$5.50 Lunch 11-4 pm up to \$6.50 Supper 4-12 am up to \$8.00

Hotel

Hotel must be PRE-APPROVED

Parking

Personal Miles

\*Volunteer Driver Attests to the following: "I certify that I have accurately reported in this record the trip miles I drove and the dates / times. I understand that misreporting the miles driven and hours worked is fraud for which I could face criminal prosecution or civil processing."

\*Driver Signature & Date: (Sheets will be returned if not signed)

  
(No Photocopied Signatures)

\*Passenger #1 Signature & Date:

\*Passenger #2 Signature & Date:

OFFICE USE ONLY

Mileage:

Total to Driver:

\*Member Attests to the following: "I certify that I received the reported transportation service"