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INTRODUCTION

For most of us, transportation is a link to independence, quality of life and social interaction. This is especially true for older adults who no longer drive and are therefore reliant on others for their transportation needs-which is why it is very important to support volunteer and other types of community-based transportation alternatives for the older persons and people with disabilities in our communities. Thus, by creating these materials for volunteer transportation programs Easter Seals is promoting the increased availability of low-cost, flexible transportation options for older adults and their caregivers.

We have put together this manual with the help of many experts in the area of volunteer transportation and other stakeholder groups. The purpose of *Transportation Solutions for Caregivers: A Solutions Package for Volunteer Transportation Programs,* is to provide some guidance and basic information to existing volunteer programs as well as those planning to start new ones. Through such programs, we aspire to help communities meet the transportation needs and preferences of older adults and their caregivers who reside therein-and maintain a mobile older population.

Experts and existing program guides consulted to produce this manual include but are not limited to: the Beverly Foundation 1, Faith in Action (FIA)2, Nonprofit Risk Management Center3 and *Volunteer Drivers: A Guide to Best Practices*4*.* These and other organizations and publications have both inspired this compilation and directly contributed to its content. We recommend that those interested in learning more also refer to these organizations and original publications. Other innovative works will be cited throughout the manual. Existing volunteer programs were surveyed by the Beverly Foundation and Easter Seals and have shared their expertise, as well as their forms and program information as learning tools for developing programs. These programs have given permission to include their forms as samples within and for them to be tailored for use by other programs.

Easter Seals hopes that you find this manual helpful and welcomes any feedback. To contact us, please email [info@easter-seals.org](mailto:info@easter-seals.org) or call8o0.221.6827 and ask for information and referral. Further, an evaluation is included on the final two pages of this manual. Please take the time to complete it and submit it to 230 W. Monroe St., Suite 18oo; Chicago, IL 6o6o6.

'The Beverly Foundation can be reached at [www.beverMoundation.OJl:](http://www.beverMoundation.OJl/) or 626.792.2292 (v).

2 Faith in Action can be reached at [www.faithinaction.org](http://www.faithinaction.org/) or 877.3248411 (v).

1. Nonprofit Risk Management Center can be reached at www.nonprofitrisk org or 202.785.3891 (v).
2. Council on Aging and Human Services (COAST) for Washington State Agency Council on Coordinated Transportation. *Volunteer Drivers: A Guide to Best Practices.* COAST October 2002. WWW·wsdot.wa,gov /transitlvdg/default.htm

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ORGANIZATION

Volunteer organizations are very diverse in terms of dimension, services offered, areas served (i.e., rural, suburban, etc.) and organizational structure-usually borne out of the assets and needs of a community by energetic persons through a grass roots effort. Volunteer programs can be stand-alone organizations, or they may grow out of an existing not-for-profit organization that is already providing paid services in the area. Since the availability of affordable and accessible transportation is frequently identified as a gap for older adults, transportation is often one of the services provided by volunteer programs.

One of the first steps in planning is to conduct or obtain a needs assessment for your community. This will not only help you plan the scope of services, but it can also aid in fundraising efforts. Often, community needs assessments are conducted by local Area Agencies on Aging and other existing organizations that share your target population. If such an agency or organization is identified, needs assessment data may be shared or sold to you-also providing an opportunity for collaboration with other community based organizations. In addition, do not be hesitant to contact existing volunteer transportation programs to ask for their insight as to how to go about establishing a viable program.

*Dimensions*

Volunteer programs come in all shapes and sizes based on many factors such as community need, funding sources, and volunteer availability. Programs responding to a recent survey bad 5 - 304 drivers who drove a combined total of 2.500 - uo,ooo miles annually. Some programs bad volunteer drivers whose role included only driving, while others performed many other roles in the organization. Some programs noted having a

$25t,ooo operational budget and others provided services with no funds specifically allocated for their transportation program. Further, while some programs have several paid staff members. others were sustained mainly with volunteers. Ridership also varies from 10 - 10,000 riders served annually, with an average of 539.

*Policies*

Clear and well thought out policies are an important element in sustaining and/or expanding an organization. Not only do they help establish consistent and efficient operations. but they also are important in setting expectations for new staff and/or volunteers. Funders and/or certifying agencies also frequently refer to policies as indicators of well managed programs.

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A number of policies were identified as important by the Council on Aging and Human Services (COAST) for the Agency Council on Coordinated Transportation (ACCf)s. We have listed them below. *Sample policies can be found* on *pagesA-1 throughA-13.*

* + Code of Ethics
  + Code of Conduct
  + Drug free workplace
  + Harassment
  + Confidentiality
  + Reporting suspected abuse, neglect, abandonment and exploitation
  + Incident Reporting

The following topics are also important to address in your policies and procedures. *(See pages A-14 throughA-21jor examples.)*

* + Description of Service
  + Service Area
  + Days and Hours of Service
  + Scheduling and Cancellation
  + Donations
  + Passenger Assistance
  + Passenger Conduct and Responsibilities
  + Passenger Comment and Complaint Procedures
  + Transportation Program Responsibilities
  + Safety
  + Cell Phone Use
  + Non crimination
  + Emergency*I*Accident Procedures
  + Criminal Background Check

sAgency Council on Coordinated Transportation. *Volunteer Drivers: A Guide to Best Practices.* October 2002.

3

Volunteer TRANSPORTATION

*Services*

An assessment of your community's needs can help determine the types of transportation services that your program offers and the flexibility required to meet those needs. Although transportation services offered may evolve over time, it is important to include this information in program procedures as well as volunteer and rider guidelines, in order to avoid misunderstandings. Some of the types of services include:

Curb to-curb: Driver picks passenger up at the curbside or in the driveway. Organizational policy will articulate the extent of assistance provided to the passenger while entering and exiting the vehicle

Door--to--Door: Driver retrieves passenger from door of pick-up location to door of destination, often including assistance into and out of the vehicle

Door--through-Door: Driver may enter passenger's home, often providing assistance (i.e., tying shoes, help donning jacket, assuring that the home is locked, etc.) at pick-up and drop-off location

Hands-on assistance: Driver physically assists passenger with getting in and out of vehicle

Transferring assistance: Driver physically assists passenger in transferring to and from wheelchair when getting in and out of vehicle

Escort:

*1st definition)* Volunteer drives passenger to and from appointment, accompanies and

stays with him during appointment or event-providing companionship and emotional

support regarding information or news given at appointment

*2nd definition)* Volunteer accompanies care receiver to and from appointment or event

on public transit, para transit, taxicab, etc. rather than driving and stays during appointment-providing companionship and emotional support regarding information or news given at appointment

Nurse Escort: Same as above, however, volunteer is a working or retired nurse who helps interpret medical information for care receiver and family

While some programs provide rides only for medical appointments, many others transport for shopping, personal business, picking up medications, social events, religious services/events and other purposes. Again, the need within your community and availability of volunteers will help define your services.

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*Parameters*

It is important to define both your service area - even if it is flexible - and times of service for both volunteers and riders. Many programs provide transportation seven days a week and at any time of day that rides are needed and volunteers are available, while others primarily offer services during business hours Monday through Friday. No matter what the hours or distance, it is important to be dependable and provide rides whenever possible. Some programs have tried to match volunteer drivers with care receivers in the same area in order to keep the drivers close to home. However, in some areas volunteers must travel long distances in order to transport care receivers to destinations beyond county lines or service boundaries. Keep in mind that it is impossible to be everything to everybody.

*Funding opportunities*

There is a multitude of private and public funding opportunities available to community-based organizations-some specifically for transportation programs. Private funds are given by philanthropic organizations, foundations, corporations and individual donors, among others. Private dollars are often contributed to organizations

whose mission is aligned with their own, and which help meet the goals of their funding

agenda.

Government funding is allocated differently depending on its type. Programs such as ruraltransit, mobility programs, accessible transportation and job access are usually applied for through the state and received by local governments. For instance, in the case of 5310 Program (i.e., Elderly and Persons with Disabilities), states apply on behalf of private nonprofit agencies. In addition, Community Development Block Grants are applied for by state or local governments and can be passed through to nonprofits [Chttp://www.hud.gov/progdesc/cdbgent.cfm](http://www.hud.gov/progdesc/cdbgent.cfm) ). However, state and local governments, as

well as nonprofit organizations, are eligible recipients of 5311funds (i.e., Non-urbanized

Area Formula Grants). Whereas, Job Access and Reverse Commute Program funds are allocated on a national competitive basis to local governments based on population,

need, coordination possibilities, innovation and community involvement, etc.

Another agency to partner with for funding and coordination purposes is your local Area Agency on Aging. Area Agencies on Aging (AAA) and State Units on Aging work together to identify priorities for spending Older Americans Act dollars. Transportation is one of many service options services they can support with these funds. AAAs often subcontract for transportation and other services. You and your organization can play a role in encouraging your local AAA to assess transportation needs for the older Americans in your area. Generally, it is a good idea to build relationships with other federally supported programs in your area.

Applications for most state or federal transportation or other funding must be through a sponsoring organization that is tax exempt under 501(c)(3) of the Internal Revenue

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Code. In some cases, federal dollars won't be allocated to individual community-based organizations, but instead to the community through local governments and/or transportation authorities for programs to be administered by local nonprofit organizations. This is an important reason to be involved in advocacy at the state and community level-to capitalize on funding streams and coordination efforts that can benefit both your program and your community. *Please see pages A-22 throughA-26 for a variety of funding* resources.

*Vehicles and Equipment*

*Vehicles:*

Most volunteer programs surveyed utilize vehicles owned by volunteers to transport riders on behalf of the program. However, some programs use the riders' cars or program owned vehicles. It is important to ensure vehicles being used for the program are properly maintained, insured and licensed. A designated person within the organization can be responsible for monitoring that vehicle standards identified by the organization are maintained and/or that volunteer vehicles are inspected annually. A vehicle maintenance checklist can be given to volunteer drivers to follow. Some minimum standards are listed below:

* Valid state license and registration
* Functional heating and ventilation systems
* Functional and accessible seatbelts in both front and rear seats
* Functional doors and handles on doors
* Working speedometer
* Fully functional lights, turn signals and windshield wipers
* Intact rearview mirrors
* Safe tires with adequate tread depth6

*Recommended volunteer vehicle inspection guidelines, pre-trip inspection list, and*

*maintenance checklist are included on pages A-27 throughA-31.*

*Adaptive equipment:*

A variety of equipment is available to make a volunteer's job in transporting older persons or those with disabilities easier. For example, volunteer organizations can purchase wheelchair racks, lightweight wheelchairs, gait belts and swivel seats and loan them to drivers, or can inform volunteers of adaptive equipment available and how they can purchase it. Some sources of adaptive equipment can be found in *Transportation Solutions for Caregivers: A Starting Point,* which is available online at www.easter­ seaJs.org/ntl trans resources or by calling 800.221.6827. The toolkit consists of a 14- minute video and an informational booklet, which is included on pages A-32 through A-

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1. Agency Council on Coordinated Transportation. *Volunteer Drivers: A Guide to Best Practices.* October 2002.

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*ADA Compliance:*

The Americans with Disabilities Act (ADA) is a law that guarantees everyone an equal opportunity to take part in our society and recognizes that persons with disabilities have the same fundamental rights afforded to all US citizens under the Constitution: the rights to freedom and individual choice. This omnibus civil rights statute prohibits discrimination against individuals with disabilities in private sector employment, all public services, public accommodations, transportation, and telecommunication.

The transportation specifications of the ADA (Title III) are intended to ensure that people with disabilities have access to the nation's network of transportation, enabling them to get to and from work and to be included in community activities. Title III includes specific prohibitions on discrimination in transportation services provided by public and private entities. The legislative history indicates Title III does not apply to private, volunteer-driven ridership arrangements. However, some funding agencies may establish policies that mirror the ADA

It is helpful for all transportation providers to understand the general obligations under the ADA, especially training drivers to effectively meet the needs of persons with disabilities. It is important for coordinators and volunteers to be familiar with local transportation providers in the event that your program cannot safely accommodate an individual with specialized needs. This way, such individuals can be referred appropriately to another transportation provider who will be able to meet his or her transportation needs. For more information about the ADA and accessible transportation visit Easter Seals Project ACTION at [www.projectaction.org](http://www.projectaction.org/) or call 8oo.6s9.6428.

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VOLUNTEER **DRIVERS**

*Management*

Maintaining a well-trained, enthusiastic pool of volunteer drivers is an essential ingredient of any successful volunteer transportation program. Whether a driver uses an agency-owned vehicle or their own personal vehicle, he or she is responsible for the safety of all riders7. Although problems with managing volunteers do not seem to be a pressing issue, concerns such as drivers not being available when needed, rider/driver conflicts and rider complaints do arise from time to time. The most effective method for resolving problems will vary according to the situation. However, it is important that they are addressed within an established organizational protocol.

Positive and open communication prevents confusion and promotes understanding between your volunteers, your riders and your organization. For instance, regular meetings with your drivers and/or monthly written communication with them (e.g., newsletters, etc.) can help keep the lines of communication open. Be clear with riders and drivers about your terms of service (i.e. hours, service area, etc.) and when exceptions can or cannot be made. With new drivers, emphasize your organization's mission and its impact on both daily operations and community relations. Clearly articulate drivers' roles and responsibilities at the start of the relationship and explain that they are never required to do anything outside of those parameters. Instruct volunteers about when they may-or may not-take action outside the boundaries you have established for their position (e.g. you may permit a volunteer to unpack a care receiver's groceries but prohibit him/her from dating a care receiver). In addition, follow-up with both drivers and riders intermittently after an appointment to thank them and inquire about the experience and determine if they have suggestions for improvement or need to report an incident.

Occasionally, a new volunteer will be unable to successfully comply with established policies or a tenured driver will fail to maintain prescribed rider relations or safety standards. When verbal and written warnings are not heeded, more serious steps such as driver suspension or termination may need to be taken. The *Volunteer Drivers Guide to Best Practices* suggests the following criteria for driver suspension or termination:

*Driver suspension or termination (including but not limited to):*

* 1. Any time a current driver does not meet the requirements to be a new driver.
  2. Theft.

3· Violence.

1. Agency Council on Coordinated Transportation. *Volunteer Drivers: A Guide to Best* Practices. October 2002. 8 Agency Council on Coordinated Transportation. *Volunteer Drivers: A Guide to Best Practices.* October 2002.

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4. Reporting to work under the influence of a controlled substance, alcohol or medications that affect driving abilities, based on the standards of the Drug Free Workplace Act.

5· Reporting to work under the influence of medication that has not been reported to and approved by the sponsoring organization.

6. Violations of the Drivers Code of Conduct. *(See pages A-2 toA-4 for samples)*

7· Suspension of or loss of driver's license or insurance.

1. Violation of program confidentiality or conflict of interest policies.
2. Repeated collisions or a single serious collision.

10.False documentation of program records.

u. Violation of sponsoring organization's Ethics Policy. *(See page A-l for sample policy)*

12. Violation of the sponsoring organization's Harassment Policy. *(Seepage A-6 for sample policy)9*

On the rare occasion that a volunteer is involved in an accident while driving for the program, the following procedure is recommended.

*Review Process:*

1. The Program Coordinator receives notification of the accident. The Program Coordinator requests a written explanation about the accident.
2. The Program Coordinator reviews the driver's file and accident information and makes a recommendation on the driver's continued eligibility or the need for additional training.

g. When reviewing eligibility, the Program Coordinator considers driving­ related complaints or the need for additional training. The suggested maximum is three complaints or fewer, based on the severity of complaints.

4· The suggested method of reviewing complaints is to randomly call other riders for comments on the driver being reviewed.

9 Agency Council on Coordinated Transportation. *Volunteer Drivers: A Guide to Best Practices.* October 2002.

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*Recruitment*

Recruiting dedicated and qualified volunteers is vital to the success of your transportation program. This may be a challenge, but once recruited, drivers often become committed long serving volunteers. It is important to make potential drivers aware of the organization's mission as well as the need that exists in your community. While recruiting for volunteers within your communities and congregations, you may find that those asked to become volunteer drivers express concerns about liability. liability issues are important but can be addressed fairly directly. Refer to pages 16-21 for more information on liability and risk management.

The most important way to get members of your community to volunteer is to ask. Get the word out that there is a tremendous need for volunteer drivers, promote your program's mission and demonstrate that your program is viable. Whenever possible, offer incentives to volunteers such as reimbursement for gas and a flexible program with a modest time commitment. Demonstrating the need and asking for help can engage volunteers in your program. *See pages A-56 throughA-59/or sample volunteer recruitment brochures.*

Retaining volunteer drivers is often a matter of designing your program to be as accommodating to volunteers as possible, while still meeting the program's needs and safety. Whenever possible, respect volunteer drivers' needs in scheduling by allowing them to choose their own time commitment and the hours which they will drive. Set limits for riders and let volunteer drivers know that saying no to a request is okay. Ensure your policies and procedures allow volunteers to decline requests or tasks that make them uncomfortable or that they have not been trained to do. *As* discussed below, it is important to recognize volunteers' contribution to both your organization and the community.

The following are some examples of organizations in your community that might present opportunities for volunteer recruitment

* Faith-based Organizations
* Faith Communities (e.g., churches and synagogues)
* Civic-minded Clubs (e.g., Rotary International)
* Employer Human Resources Departments
* Neighborhood Groups
* Senior Centers
* Community Volunteer Pools
* Educational Facilities (e.g. colleges and universities)

*Why do volunteers drive?*

When recruiting and managing volunteers, it is important to know what motivates people to volunteer and how they gain the satisfaction needed for them to continue

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driving for your program. Surveys indicate that individuals are motivated to be volunteer drivers for many reasons-usually intrinsic to the task-such as to help others, to do something meaningful, and to give back to the community. Further, they derive satisfaction from experiences such as feeling needed, learning to help others and getting to know the riders.

*Screening:*

Organizations have the responsibility of assuring that transportation volunteers and staff have the tools necessary to be successful in their positions. Success depends on proper selection and supervision of volunteer drivers including quality program orientation, training and evaluation. Financial and technical assistance in providing training to volunteers is available through other passenger transportation providers and the Washington State Transportation Training Coalition, sponsored by WSDO!s Public Transportation Office. *(Please refer to* [*www.wsdot.wa.gOJl./pubtran,!training*](http://www.wsdot.wa.gOJl./pubtran%2C!training) *and www.wsttc.org)*

The following section is modified from the *Volunteer Drivers: A Guide to Best*

Practices10:

*Driver Selection:*

Volunteer organizations should ensure that all volunteer recruiting, screening, interviewing and selection processes are administered fairly and consistently. Potential volunteer drivers should begin the process by filling out three initial forms. *(See pages A-6o throughA-68for samples.)*

*Recommended Driver Selection Process:*

*As* a provider of services to vulnerable populations, it is the organization's best interest to follow a documented selection process. While organizations may need to tailor their process based on specific circumstances and constraints, the following process may be helpful as a starting point.

1. A position description is developed by the organization as well as screening criteria-what past driving offenses or other factors (e.g. criminal record) will disqualify applicants from consideration (e.g., ability to read maps, physical restrictions that prevent safe handling of vehicles or passengers)? A list of disqualifying factors (including negative feedback from references, lack of any experience driving for an organization, etc.) is compiled. NOTE: Your insurance provider may establish minimum standards for drivers, although your standards are likely to be higher.
2. Position description and application are distributed to prospective volunteers

*(See page A-69 for sample job description).*

10Agency Council on Coordinated Transportation. *Volunteer Drivers: A Guide to Best Practices.* October 2002.

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1. The Program Coordinator separates applicants into two categories: meets minimum requirements and does not meet minimum requirements. Applicants in the latter category are informed that they do not meet the minimum requirements and are therefore no longer under consideration. The Program Coordinator reviews the applicants in the former category and selects the top group of applicants (based on criteria such as relevant experience) for interviews.
2. Program Coordinator conducts interviews with applicants that meet the minimum requirements and decides which applicants will be offered positions in the organization. Those who are not selected are notified. Those who are selected are given a statement of understanding and asked to review and complete the statement *(Seepage A-70 for sample statement of understanding).* Those persons who continue to wish placement in the agency are notified that their hiring is subject to satisfactory review of their current Department of Motor Vehicles record check, and a criminal history records check, as well and their ability to provide proof of current insurance for their vehicle.
3. The Program Coordinator reviews the results of the background checks and determines which applicants meet the organization's requirements and which do not. Persons who meet the requirements are offered positions. Persons who do not are notified of the agency's decision. Personnel/ driver files are created for all new drivers, with a note containing the fact that their records were checked, the date of the check, and that they met the organization's criteria. Results from reporting agencies are destroyed.

*Driver Disqualification:*

Complete, objective, written documentation is an essential part of any disqualification process. Programs must be able to objectively defend their decisions when challenged. Disqualifications that prevent hiring, include but are not limited to:

* Not in possession of a valid, appropriate driver’s license and/or insurance.
* Physical restrictions preventing safe and proper handling of riders based on essential job functions listed in the job description.
* Criminal history includes disqualifying crimes.
* Inability to read/comprehend written materials, including road maps.
* Reporting to training/work under the influence of a controlled substance, alcohol or medications that affect driving abilities.
* Unwillingness to perform essential job functions or requirements.

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*Records*

Maintenance of volunteer records is a necessary administrative component of a transportation program. Volunteer records are not only important to have on hand for reference, licensing compliance, and volunteer statement of understanding, but they are also important to have in order to limit your exposure in terms of liability. For instance, it is helpful to have training checklists, signed policies and trip reports on file to refer to if procedures are in question.

Following are some of the volunteer records that are helpful to keep on file:

* Copy of Driver’s License
* Copy of Auto insurance
* Training checklist *(see pageA-71)*
* Signed policy/procedures and/or Statement of Understanding *(seepage A-*

*70)*

* Signed job descriptions *(seepageA-69)*
* Criminal background check *(seepage A-72)*
* Trip reports *(see pagesA-73 toA-74)*

*Volunteer Roles*

Volunteer drivers can serve your organization by taking on a variety of roles, or job responsibilities in addition to driving, within your organization. In some cases, they may join your organization in another capacity and get involved in the transportation program later. In addition to the driver role, drivers are often active in other areas of the organization, such as serving as escorts or board members, assisting with fundraising and providing caregiving services. Drivers can also help schedule rides, dispatch drivers and other related tasks. These alternative roles and tasks also become options when volunteers either decide or are asked to stop driving for safety or other reasons. Volunteers are often very able and willing to contribute to the program in other

ways.

*Training*

It is the responsibility of a volunteer transportation program to provide training for its volunteer drivers. This is important in terms of both reducing the likelihood of accident and inappropriate conduct, as well as equipping volunteers with the information and tools needed to be successful in their new driving role. Training is most effective when it is structured for, and tailored to, the duties listed in the volunteer's job description. Different funding sources may require distinct training; therefore, it is a good idea to check with funding agencies for any specifics. Further, it is important to designate

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someone in your organization as the key contact for training. In some cases, this person will also serve as a trainer. It is also a good idea to give drivers information to refer back to after the training session(s). *Please find a sample driver-training checklist and Volunteer Transportation Tips on pages A-71 and A-,76, respectively.*

Recommended training topics are as follows:

* Orientation/Logistics/Guidelines
* Duties and Responsibilities
* Vehicle Operation, Road Experience (Lift Operation and Wheelchair Securement if applicable)
* Controlling Exposure to Blood borne Pathogens
* Emergency Response/Procedures
* Defensive Driving Training (such as the AARP Driver Safety Program)
* Passenger Assistance and Sensitivity Training
* Abuse, Neglect, Abandonment and Exploitation

When surveyed, volunteer transportation programs listed the following 10 items as the most desired training topics for their drivers:

* Wheelchair Transfer Techniques
* Emergency Procedures
* Cognitive (i.e., dementia) and Physical Impairments
* Sensitivity
* Safety
* Behavior Problems/Agitation
* Communication Skills
* Ambulation/ Assistance with Walking
* Body Mechanics

Easter Seals has developed a transportation toolkit entitled *Transportation Solutions for Caregivers: A Starting Point,* which includes a video and informational booklet, for family caregivers and volunteer drivers that covers the following issues:

* Communication
* Sensitivity
* Preventing and Dealing with Agitation
* Providing Physical Assistance
* Helpful Products and Resources

An accompanying facilitator manual including talking points, overheads and a PowerPoint presentation is also available. The toolkit and facilitator manual can be ordered via [http:/fwww.easter-seals.mtntl](http://www.easter-seals.mtntl/) trans care or by calling 800.221.6827. The only charge for the materials is shipping. *A copy of the booklet is included on pages A-32 through A-ss.*

Training curriculum options can be found on the following websites:

* *Volunteer Drivers: A* Guide *to Best Practices*

([www.wsdot.wa.gov](http://www.wsdot.wa.gov/) /transit/vdg/ default.htm )

* *CTAA* Passenger Service and Safety Certification ([www.ctaa.org/training/pass/)](http://www.ctaa.org/training/pass/))

*Reimbursement*

Many programs provide reimbursement to their drivers based on mileage driven. Most reimburse at the federal mileage rate, while others reimburse at a lower rate because of budgetary limitations. Still other volunteer organizations have had success with $20-

$30 gift certificates given on a random basis to volunteers rather than a reimbursement based on mileage. Make volunteers aware of reimbursement policies up front to prevent

misunderstandings. Some volunteers do not accept reimbursement but may keep track of mileage for tax purposes. Forms should be used and retained for mileage documentation. *(See sample form* on *page A-77.)*

*Recognition*

Volunteers give of their time and themselves. Recognizing your volunteers and their contribution is of utmost importance. This can be accomplished through efforts such as holding events in their honor, nominating them for awards made available for

volunteers at the local and national level, providing training, outings and relevant learning experiences, giving certificates of appreciation and offering feedback. The method of recognition that your program chooses may depend on both your budget and the volunteers you are working with.

Five primary methods for volunteer recognition include:

* Special event for volunteers
* Verbal/written appreciation
* "Thanks" for a good job
* Public acknowledgement
* Certificate of appreciation and feedback

*For further suggestions, please see volunteer recognition* ideas *on page A-78.*

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RISK MANAGMENT

*Identifying and Managing Liability Risks*

The fear of being sued is pervasive in volunteer organizations. While it is true that "anyone can sue an organization for any reason," the fear of being sued can ultimately have positive effects on an organization. For example, some volunteer programs think about how a lawsuit could derail their community-serving missions and take steps to both (1) minimize the likelihood of a lawsuit against the organization; and (2) plan the organization's response to a legal threat before it occurs. Although it is impossible to take steps to eliminate the possibility of a lawsuit, every organization can take steps to achieve the above outcomes.

Hand-wringing and simply hoping for the best are poor choices for the volunteer program manager who believes his or her organization's mission is worthwhile. Yet managing liability risks need not be as complicated or costly as many people believe. The following steps suggest a way to get a handle on liability risks that won't bankrupt your organization or draw too much time away from your community-serving mission. All of these steps can be discussed and completed during one or a series of brainstorming sessions attended by key managers in the organization.

Q Step 1-Consider *the Context.* During this first step the managers of a volunteer transportation program consider the environment in which the organization operates, including its:

* History of lawsuits, claims and losses-for example, has the organization defended claims alleging negligence helping care receivers get into or out of a vehicle?
* The perspective of the board of directors of the organization-are they fearful or especially concerned about certain types of losses?
* The perspective of the insurance providers for the organization-has the organization's coverage been cancelled or curtm1ed in any way due to specific operations? Have insurance providers recommended changes in operations or

practice in order to reduce premiums or provide coverage?

Cl Step *2-Identify Risks.* During Step 2 the managers of a volunteer transportation program discuss the risks associated with the organization.

Cl Step 3-Prioritize *Risks.* During Step 3 the same group of managers reviews the list of risks and ranks them according to seriousness and importance to the organization. There is no single way to approach this task. The goal is to develop a priority-order list.

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0 Step *4-Decide What to Do.* During Step 4 the group of managers chooses a subset of the list-e.g. the top 10 risks-and decides what actions the organization can take to

1. reduce the likelihood of the risk materializing; and (2) prepare to deal with the consequences of the risk materializing. It's helpful to list the selected risks on a two­

column worksheet and list action steps for each risk in the box to the right of the

risk. Examples of action steps include appointing a safety officer, implementing safety policies, and providing training.

0 Step *s-Follow-up and Adjust.* The final step calls for the review of the actions taken to determine whether they should be continued, revised or disbanded. For example, has the new policy requiring that volunteer drivers obtain their own Motor Vehicle Records dissuaded a large number of prospective volunteers from serving? What has been the response from care receivers about the new procedure for safely assisting care receivers get in and out of vehicles? Policies and action steps that are not working should be changed or abandoned.

*lJIBI.lra.nCefor Volunteer Transportation Programs*

Volunteer transportation programs generally purchase a variety of insurance coverages that address varying exposures. The limits of liability, deductibles, policy terms, and policy types selected by each organization vary to a large degree depending on:

* The availability of coverages and policy terms desired by the organization. In some cases, an organization may wish to purchase a limit of liability that its carrier (and alternative carriers) are simply unwilling to provide;
* The organization's ability to afford the coverages it seeks. In many instances, an organization must make difficult choices between the coverage that it would like to buy and what it can reasonably afford at the time the coverage is purchased.

The paragraphs below describe briefly *the most* common *and arguably most important liability policies* that a volunteer transportation program should consider. Note: these coverages can be purchased separately or in coverage "packages." In all cases, a volunteer transportation program should seek advice and counsel from a professional insurance agent or broker concerning its insurance requirements and preferences.

*Commercial General Liability (CGL):*

The CGL is designed to cover the liability exposures that are common to all organizations, from large corporations to small nonprofits. The policy is a combination of three separate coverages, each with its own insuring agreement and exclusions. The three coverages are:

* Coverage A- General Liability (Bodily Injury and Property Damage)-covers liability for all bodily injury and property damage caused by an accident, except for liabilities that are specifically excluded. Exclusions include liabilities more properly covered under a separate policy, such as automobile and workers

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compensation, and liabilities considered uninsurable. Some of the liabilities covered under CGL policies include: injuries arising from your premises, injuries to care receivers under your supervision, injuries to volunteers while working for you, injuries to participants at special events, injury caused by products you sell or manufacture, fire damage to your landlord's building, and damage to property not owned by you or in your possession.

* Coverage B - Personal Injury and Advertising Injury Liability-- Personal Injury and Advertising Injury Liability cover a specific group of liabilities that do not involve bodily injury or property damage, are not caused by an accident, and therefore are not covered under Coverage A These liabilities are: libel, slander, false arrest, malicious prosecution, wrongful eviction, wrongful entry, violation of privacy, infringement of copyright, and unauthorized use of an idea in advertising.
* Coverage C - Medical Payments. Medical Payments is not liability coverage, but rather accident coverage, with a standard maximum limit of $5,000 per person. It covers injuries from accidents at your premises, or at your activities off­ premises, regardless of your liability. Medical Payments insurance excludes injuries to employees, or those arising from automobile accidents and athletic activities.

*Director's* & Officer's *Liability (D&O):*

D&O policies provide coverage for 'wrongful acts.' The major difference between the CGL policy and the D&O policy is that nonprofit D&O policies exclude bodily injury and property damage. The most common claim filed under a nonprofit D&O policy is a claim alleging wrongful employment practices. Other examples of claims include those from donors alleging misuse of funds, claims from advocacy groups for the disabled alleging ADA violations, and from for-profits alleging unfair trade practices. Make certain that your D&O policy includes coverage for a wide range of employment-related claims. Other key considerations in choosing a D&O policy include making certain that the policy has a broad definition of "insured" that includes the nonprofit itself, and that common exclusions such as 'insured vs. insured' and 'emotional distress' have been deleted.

*Professional Liability:*

Many nonprofits are exposed to claims alleging negligence in the delivery of professional services, such as counseling, nursing/medical services, referral services and more. Every agency should discuss its need for this type of coverage with a competent insurance professional (agent, broker or consultant).

*Accident Insurance:*

Accident policies are relatively inexpensive policies that finance the cost of medical treatment for individuals (volunteers and/or participants) who are injured while

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delivering services for or receiving services from an organization. These policies usually pay the costs of emergency room services and follow-up treatment to pre-determined limits based upon the kind of injury. For example, a broken leg may have a limit of

$2,500, while an eye injury might be limited to $1,500 unless the injury resulted in the loss of sight in the eye, in which case the limit may be $15,000 (these amounts are hypothetical and intended for illustrative purposes only). Usually these policies do not

have deductibles. *Note: an accident and injury policy does not respond to illness* nor *does* it *protect the organization from liability for the injury.* One distinctive feature of an accident policy is that it will pay a claim regardless of who is at fault. These policies are generally written as "excess insurance," meaning that they pay only after other

available insurance -generally the insured's personal health insurance -is exhausted. If the volunteer or participant is uninsured, the accident policy would "drop down" and become primary coverage for the injury. Accident policies provide affordable coverage for an organization concerned about volunteers or participants who may be uninsured or underinsured for injuries sustained while volunteering.

* + *Business Auto Coverage:*

The "business auto policy," also called the "business auto coverage form" or "commercial auto policy," provides liability coverage and physical damage coverage. All volunteer transportation providers should purchase some form of auto coverage. Organizations that *own* vehicles should purchase coverage for their owned vehicles, while organizations that rely on vehicles owned by employees and/or volunteers should purchase "nonowned" auto coverage. Nonowned and hired auto liability coverage is typically the only auto coverage a nonprofit will require if it does not own any vehicles. Auto liability is sometimes referred to as "third party" coverage, because it protects the first party (the buyer of the policy, or nonprofit) from suits or claims filed on behalf of third parties -the person(s) who suffered boch1y injury or property damage. The other main coverage provided in the BAP is "physical damage" coverage. The most common types of physical damage coverage are "collision" coverage and "comprehensive" coverage. As the name implies, collision coverage pays for loss to a covered (insured) auto or its equipment caused by the covered auto's collision with another object or overturn. "Overturn" is an insurance term that refers to an auto rollover. Most physical damage losses are collision claims. It's important to remember that when a volunteer or

program staff member is driving their own vehicle on the organization's behalf and is involved in an at-fault accident, the volunteer or staff member's personal insurance will

respond first. The organization's nonowned auto policy will respond if and when the limits of the driver's personal experience have been exhausted.

***Safety for Volunteer Transportation*** *Programs*

One of the first steps to fully integrating safety into a volunteer transportation's culture is to assign responsibility for safety to someone in the organization. Designating an employee or volunteer as the organization's "safety officer" establishes a point person that others in the agency can turn to when they have questions or concerns about policies or procedures, or if they want to offer suggestions for safe practices.

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Safety programs in a volunteer transportation program can take many forms. Some of the areas that typical safety programs cover include:

*Training for Volunteers and Program Staff:*

* + - General training on agency policies and procedures. For example, the organization should provide clear direction on its policy concerning the use of wireless communications devices (cell phones, pagers, etc.) while driving. Some organizations strictly prohibit volunteers and program staff from making or receiving calls while driving a vehicle while others urge caution and suggest strategies for using a cell phone in the safest manner possible (e.g.

pre-programming frequently called numbers, using a hands-free device).

* + - Specific training on tasks for which special equipment, knowledge, practice or experience might be required (e.g. assisting care receivers get in and out of vehicles)

*Safety Equipment:*

* + - What safety equipment does the organization have and for what purpose?
    - What is the procedure for checking equipment periodically to make certain that it is in working condition and properly maintained?

*Accident Procedures:*

* + - What steps does the organization take when an accident occurs?
* Does the agency provide a kit that includes a disposable camera and accident form in each owned vehicle and to drivers using their personal vehicles?

*Crisis Management:*

* What will the organization do in response to a community-wide disaster?
* How will the organization handle an organization-specific crisis?
* What is the organization's plan for getting services back up and running as

quickly as possible, and with minimal disruption to care receivers?

* How will the organization notify care receivers, and care receivers' family/next-of-kin following a crisis?

*Insurance and Liability Concerns:*

Individuals who volunteer for a nonprofit may express concern about their exposure to personal liability resulting from their volunteer service. Volunteer transportation programs should be prepared to address these concerns and direct volunteers to resource material for additional guidance. With respect to liability stemming from automobile accidents, volunteer drivers should understand that when they drive their personal vehicle on the organization's behalf, the insurance on that vehicle (i.e., usually

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the volunteer's personal auto insurance) will respond first in the event of an at-fault accident. The insurance industry expression for this is "the coverage follows the car." The organization should purchase an excess policy (nonowned auto insurance) as a source of recovery for those accidents where medical and property costs exceed the limit of the driver's personal policy. The organization, however, can provide training and assistance to the volunteer driver in order to reduce the likelihood of an accident (e.g. guidance on driving with passengers, establishing a passenger code of conduct).

With respect to other (non-auto) liability claims, a volunteer transportation program should urge its volunteers to review information on the state's volunteer protection law as well as the Volunteer Protection Act of 1997. These laws provide a defense for volunteers acting within the scope of their responsibilities for a nonprofit. This protection varies from one state to the next, but is generally limited to instances when the volunteer has been "simply negligent" (fails to do something a reasonable person would do under the circumstances or does something a reasonable person would not do under the circumstances) versus grossly negligent (outrageous or intentional conduct that contravenes community standards). A free resource that describes and compares the various state laws as well as the federal law is available at: [www.nonprofitrisk.org.](http://www.nonprofitrisk.org/) The publication is titled: "State Liability Laws for Charitable Organizations and Volunteers."

Questions about any of the materials in this section may be directed to the Nonprofit Risk Management Center. The Center is a nonprofit resource center that provides free technical assistance to nonprofit staff members, volunteers and leaders on a wide range of risk management, liability and insurance topics. The Center also offers risk management software, practical publications on safety, insurance and liability topics, and numerous training opportunities. To access the Center's technical assistance programs, visit the Advice section at [www.nonprofitrisk.org](http://www.nonprofitrisk.org/) or call (202) 785-3891.

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RIDERS

*Eligibility/Need*

Many volunteer programs have eligibility requirements for riders such as age, physical and/or mental limitations, income, and residence. The same eligibility requirements may be needed for other services the organization provides. Some volunteer transportation programs complete an initial in person assessment for services, require a membership fee or require that riders are current care receivers with their program. Referral sources may also indicate level or type of need, as well (e.g., case workers, parish nurses). However, in many cases, an initial rider profile is completed over the telephone. *(See samples* on *pages A-79* to*A-81).* With current HIPAA (Health Insurance Portability and Accountability Act of 1996) regulations, it is important that rider profiles are kept confidential and that information be given out only when the rider/guardian has given consent. (Please refer to your organizational policy and [www.hipaa.org](http://www.hipaa.org/) for compliance-related information.)

*Rules and Responsibilities*

Providing riders with rules and responsibilities is a proactive way to establish expectations up front and avoid misunderstandings. This also serves to inform riders of their active and important role in the success of your program. *(SeepageA-16/or example).*

*Trip Scheduling*

Organizations adopt a variety of trip scheduling/reservation policies based on the availability of volunteers and the needs of riders. Most programs surveyed during the development of this package responded that they require reservations be made two or more days in advance of the needed ride. However, many programs accepted same day reservations and some programs requested as much as a week to 12days notice, while still others were more flexible in their reservation requirements based on need. Whatever scheduling requirements and procedures you chose to establish for your organization, it is important to notify both drivers and riders of your policies.

Although many volunteer programs rely on manual trip scheduling procedures and hand written forms or team scheduling for regular or long-distance trips *(See A-75 and A-28 for trip scheduling samples),* some programs use computer software designed for

volunteer programs. There are many different software programs from which to choose. Trip-scheduling software specifically developed for transportation programs is available, as are comprehensive packages designed to manage volunteer program operations. These are often equipped with a trip-scheduling component. *(See page A-83 for a list of available software programs.)*

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***Feedback***

Soliciting feedback from both riders and volunteers is important to the integrity and quality of the services provided. This can be done in a number of ways including driver surveys, comment cards, focus groups, and rider grievances. When a rider grievance is made, an incident report should be completed, action steps noted and kept on file. *(See sample forms on pagesA-13,A-84, and A-Bs.)*

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YOUR COMMUNITY

*Collaboration*

Collaborating with agencies, local transportation organizations, faith communities, businesses, health providers and/or service organizations in your community can help build a strong and sustainable program. Through both collaborations and formal coalitions, differing perspectives effectively unite with a common vision, cause and leadership. This is also a compelling way to engage stakeholders within your community. Further, such groups often bring experience and expertise to the table, and frequently provide referrals for riders or volunteer recruitment opportunities to meet their member or client needs. While identifying groups to work with, you may discover others in your area that are also interested in or are currently administering a transportation program. Thus, through collaborations, duplication can be avoided and expertise can be shared.

*Identifying Your Target Audience*

When identifying your target audience for marketing and public relations purposes, do not think only of those you will be directly serving (e.g., older adults, people with disabilities}, but also groups who will generate referrals, and promote volunteerism. Your target group also includes those making reservations for the care-receivers.

Surveys indicate that while care-receivers continue to make the majority of calls to arrange trips, family or paid caregivers, physician office staff and caseworkers also make reservations. It is important to consider methods to effectively access these target groups, as well.

*Marketing*

When developing a marketing strategy, consider the entire spectrum of potential referral sources in your community. For instance, referrals to your program may come from case managers at the local Area Agency on Aging and social service agencies, hospital discharge planners, local Alzheimer's Association chapters, faith communities, physicians and parish nurses, among others. While recruiting volunteers can be accomplished with the help of some of the same groups, such churches and other faith communities and senior centers, in addition to community volunteer pools, civic­ minded clubs, employer human resources departments, neighborhood groups and educational facilities (i.e., colleges and universities, etc.} can also be great resources.

Some volunteer programs develop a speaker's bureau, invite board members or ask other volunteers to speak about the program at club meetings, caregiver education sessions, adult education sessions held by faith communities, case management or senior service provider meetings, etc. In addition, stopping by physician offices with

literature on your services and arranging time with local employer human resource departments are also effective ways to target individuals who could potentially schedule rides and services for care-receivers.

There is a variety of ways to market directly to potential care-receivers such as newsletters via shared or purchased member lists, presentations and educational forums, flyers, postings in grocery store entryways, church bulletins, senior centers, parish nurses, retirement residences, senior housing and targeting areas where many older adults reside.

Well put together websites and collateral material can help market your program. Examples of collateral material include brochures describing your services and newsletters for your core target groups (e.g., donors/legislators, volunteers, referral sources/care-receivers, etc.) highlighting program current events and developments as well as related local, state or federal news. *(Please see pages A-86 andA-87for a sample program brochure.)* Finding effective and creative ways to market your program can make a significant impact on its success.

Using effective public relations strategies, you can promote your volunteer program with positive exposure to the community at large (i.e., as opposed to marketing directly to your target group). This can be accomplished by inviting local legislators to your program events and through regular correspondence with your local media, among others. Relations with local media can be cultivated by inviting them to program events, sending press releases highlighting program events and supplying public service announcements (PSAs) about your program. *(Please see pages A-88 and A-89 for a sample press release.)* Positive media exposure and effective public relations can lead to success in many aspects of your program including fundraising, volunteer recruitment and care-receiver referrals.

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**KEYS TO SUCCESS:**

*ADVICE FROM VOLUNTEER PROGRAMS*

The following is insightful advice from experienced programs for those who are considering starting a new volunteer transportation program:

* Be prepared for tremendous need
* Don't give up-it's not easy, but it is worthwhile
* You can't be everything to everyone
* Be open and honest with volunteers (re: everything that driving entails)
* When starting a program, ask someone who has done it. Don't reinvent the wheel
* Screen volunteer applicants carefully
* Establish open/regular communication with volunteers
* Set limits (rules/responsibilities) for care receivers and know it's ok to refuse requests if necessary

Programs noted a variety of keys to success. The following were 7 common themes among them:

* F1e:nbility
* Respect and appreciate volunteers-understand their strengths and limitations
* Regular communication-both among volunteers and between coordinator and volunteers
* Established policies and procedures, as well as program and position descriptions
* Bring volunteers on who have a passion for the mission and understand the need
* Driver screening and training in place
* Coalitions among churches and agencies, also collaborating with existing agencies to work together and avoid duplication

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DISCLAIMERS

1. This *Solutions Package* was supported, in part, by a grant, No. 90-CG-2649, from the Administration on Aging, Department of Health and Human Services. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration on Aging policy.
2. Although the information and recommendations contained in this publication have been compiled from sources believed to be reliable, Easter Seals makes no guarantee as to, and assumes not responsibility for, the correctness, sufficiency or completeness of such information or recommendations. Other or additional safety measures may be required under particular circumstances.

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Code of Ethics:

This code of ethics governs the performance of the (Sponsoring Organization's) officers, employees, board members, volunteers, and agents, (representatives) engaged in the administration of contracts supported by Federal assistance. Any employee in violation of these policies is subject to disciplinary action as outlined in the Employee Handbook. Any officer or board member who violates these policies will be subject to disciplinary action as determined by a majority vote of the Board of Directors. Any volunteer who violates these policies will be subject to disciplinary action as determined by the Manager of the program in which the person volunteers.

* 1. Gifts: Representatives shall not accept gratuities, favors, gifts, or *anything* of monetary value (over

$5.00) from present or potential contractors or sub-recipients.

1. Personal Conflict of Interest: Representatives who participate in the selection, award, or administration of a contract supported by Federal funds are prohibited from a real or apparent conflict of interest. Such a conflict would arise when any of the parties below has a financial or other interest in the entity selected:
   1. A (Sponsoring Organization) representative;
   2. Any member of his or her immediate family;

c. His or her partner;

d. An organization that employs, or *is* about to employ, any of the above.

1. Organizational Conflict of Interest: The (Sponsoring Organization) is prohibited from real or apparent organizational conflicts of interest. Such a conflict when the nature of the work to be performed under a proposed third party contract may, without some restrictions on future activities, result in an unfair competitive advantage to the third party contractor or impair its objectivity *in* performing the contract.
2. Bonus or Commission: The (Sponsoring Organization) affirms that it has not paid, and agrees not to pay, any bonus or commission for the purpose of obtaining approval of its application for Federal financial assistance.
3. Restrictions on Lobbying: The {Sponsoring Organization) agrees to comply with the provisions of 31 USC 1352, which prohibits the use of Federal funds for lobbying any official or employee of any Federal agency, or member or employee of Congress. In addition, even though no Federal funds are use, the (Sponsoring Organization) agrees to disclose any lobbying of any of any official or employee of any Federal agency, or member or employee of Congress in connection with Federal assistance and to comply with USDOT regulations "New Restriction on lobbying,• 49 CFR Part 20.
4. Employee Political Activity: The terms of the "Hatch Act," 5 USC Section 1501 through 1508, and office of Personnel Management regulations, "Political Activity of State or Local Officers or Employees,• 5 CFR Part 151, apply to supervisory employees of the Sponsoring Organization).
5. False or Fraudulent Statements or Claims: The Sponsoring Organization) acknowledges that it will not make a false, fictitious, or fraudulent claim, statement, submission or certification in conjunction with any program supported by Federal assistance. The Sponsoring Organization) is aware that Federal penalties could be imposed for making a false, fictitious, or fraudulent claim, statement, submission or certification in conjunction with any program supported by Federal assistance.

My signature below acknowledges understanding of the (Sponsoring Organization's) Code of Ethics:

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

Source: Agency Council on Coordinated Transportation. *Volunteer Drivers: A Guide to Best Practices.*

A-I

**DRIVER CONDUCT:**

1. All volunteer drivers will act in a professional manner at all times.

2. Reports of staff or volunteer driver misconduct will be the cause for immediate suspension from client service.

Confirmation of misconduct shall be cause for removal of the staff or volunteer driver involved from serving clients. The Manager may be required to report all incidents to the state or federal funding agencies.

3. If the state funding agency/s, and/or the (Sponsoring Organization) receives complaints regarding any volunteer driver transporting riders, and/or it is determined that the volunteer driver is not performing the service in a safe, reliable, or responsible manner and corrective action has not resulted in improved performance. the Manager will remove the volunteer driver from service to riders.

4. If any volunteer is suspended from service due to complaints or a determination that the person is not performing the service in a safe, reliable and responsible manner they will not return to service until the Manager has developed a Plan of Improvement

1. Volunteers shall perform the following minimum levels of *service:*

A volunteer driver shall not

* 1. Make sexually explicit comments to, or solicit sexual favors from, or engage in sexual activity with riders;
  2. Solicit or accept controlled substances, alcohol, or medications from riders;

c. Solicit or accept money from riders;

1. Use alcohol, narcotics or controlled substances, or be under their influence, while on duty. Prescribed medication can be used by a driver as long as his/her duties can still be performed in a safe manner and the (Sponsoring Organization) has written documentation that medication will not impact the ability of the

driver;

1. Eat or consume any beverage while operating the vehicle or while involved in rider assistance;
2. Smoke in the vehicle when rider/s are present This rule also applies to clients and a client's escort;

g. Wear any type of headphones while on duty;

h. Be responsible for passenger's personal items.

A volunteer driver shall:

1. Wear, or have visible, easy to read proper organizational identification;
2. As appropriate to the needs of the rider, exit the vehicle to open and close vehicle doors when passengers enter or exit the vehicle and provide assistance as necessary to or from the main door of the place of destination;
3. Properly identify and announce their presence at the entrance of the building at the specified pick-up location if a curbside pick-up is not apparent, or with attending facility staff;
4. Assist the passengers in the process of being seated, including the fastening of the seat belt. when necessitated by the rider's condition;
5. Confirm, prior to allowing any vehicle to proceed, that all passengers are properly secured in their seat belts, car seats, and, when applicable, that wheelchairs and passengers who use wheelchairs are

Source: Agency Council on Coordinated Transportation. *Volunteer Drivers: A Guide to Best Practices.*

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properly secured (Exception: Only a passenger who has a letter, carried on his/her person and signed by the passenger's physician, stating that the passenger 's medical condition prevents the rider from using a seat belt, may be transported without a fastened seat belt);

f. Provide an appropriate level of assistance to passengers, when requested, or when necessitated by a passenger's condition;

1. Provide support and direction to passengers. Such assistance shall also apply to the movement of

wheelchairs and mobility-limited persons as they enter or exit the vehicle using the wheelchair lift/ramp,

as applicable. Such assistance shall also include stowage by the driver of mobility aids and folding wheelchairs;

1. Be clean and maintain a neat appearance at all times;
2. Conduct a pre-trip inspection to ensure that vehicle is in safe working condition;

j. Promptly report any accidents of incidents as instructed by the agency;

1. Be polite and courteous to riders; riders shall be treated with respect and in a culturally appropriate manner when receiving transportation services. The Manager should notify the volunteer driver of any known cultural issues significant to providing transportation services.); and,
   1. Respect passenger's rights to confidentiality.

I have received a copy of the above Driver Code of Conduct and will abide by the contents:

Signature:

Date: \_

Source: Agency Council on Coordinated Transportation. *Volunteer Drivers: A Guide to Best Practices.*

A-3

Welcome

On behalf of the Faith in Action Transportation Program we would like to welcome you to the volunteer driver 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.

Codes of Conduct for Volunteer Drivers

I will conduct myself with dignity, courtesy and consideration. I will be friendly, understanding and courteous when serving. (I will smile and be nice!)

I realize, since I am a volunteer, I do not receive payment for my time or mileage. 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 standards of paid

staff and treat my volunteer work as seriously as if I were paid for it.

As a volunteer driver, 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 with regard to 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 driver. I will be punctual in the performance of my duties.

I understand I must respect the privacy rights of my passengers I serve. The Minnesota Governmental Data Privacy Act states that personal, medical, psychiatric and financial information is private, non-public data. Information on these subjects may be shared with the dispatchers or other staff only if it is necessary in relation to the passenger's transportation needs.

I recognize that as a volunteer driver, I represent (program name). I have an obligation to my work, to those who direct it, to the passengers and to the public to uphold these codes of conduct.

Signature

Source: Faith in Action, Red Wing, Minnesota

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**DRUG FREE WORKPLACE POLICY:**

1. The (Sponsoring Organization's) employees and volunteers are prohibited from the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance at any of the (SO) facilities and/or during any of the programs offered by the (SO).
2. Any violation of the prohibitions in #1 will be considered to be "Just Cause" for suspension and/or discharge under the procedures of the (SO).
3. As a condition of employment or registration as a volunteer each employee or volunteer will:
   1. Abide by the terms of #1 above and;
   2. Notify the (SO) in writing of any criminal drug status conviction for a violation occurring in the workplace no later than five calendar days after such conviction.
4. The (SO) will notify grantor agencies in writing within ten calendar days after receiving notice under #38 as referred to above, with respect to any employee or volunteer who is so convicted and will:
5. Take appropriate personnel action against such an employee, up to any including termination; or
6. Require such an employee to participate satisfactorily in drug abuse assistance or rehabilitation program approved for such purposes by Federal, State, or local health, law enforcement or other appropriate agency.
7. The employee and/or volunteer acknowledges by signature below that he/she has:
   1. Been given a copy of this policy statement;
   2. Reviewed this policy statement and;
   3. Understood the policy statement.

A copy of the policy will be maintained in the volunteer's Personnel File.

I have read and understand the above Policy.

Signature:

Date: \_

Adopted by the (Sponsoring Organization) on this date:-----

Source: Agency Council on Coordinated Transportation. *Volunteer Drivers: A Guide to Best Practices.*

A-s

**Policy on Harassment:**

It is the policy of the (Sponsoring Organization) that it will not tolerate verbal or physical conduct by any employee or volunteer which harasses, disrupts, or interferes with another's work performance or which creates an intimidating, offensive, or hostile environment.

1. All forms of harassment are prohibited but it is the (SO's) policy to emphasize that sexual harassment is specifically prohibited. Each supervisor has a responsibility to maintain the workplace free of any form of sexual harassment. No supervisor is to threaten or insinuate, either explicitly or implicitly, that an employee's refusal to submit to sexual advances will adversely affect the employee's employment, evaluation, wages, advancement, assigned duties, shifts, or any other condition of employment or career development. In addition, no supervisor is to favor in any way any applicant or employee because that person has performed or shown willingness to perform sexual favors for the supervisor.
2. Other sexually harassing conduct in the workplace, whether committed by supervisory or non-supervisory personnel, is also prohibited. Such conduct includes:
   1. Sexual flirtations, touching, advances, or propositions;
   2. Verbal abuse of a sexual nature;
   3. Graphic or suggestive comments about an individual's dress or body;
   4. Sexually degrading words to describe an Individual; and
   5. The display in the workplace of sexually suggestive objects or pictures, including nude photographs or

illustrations.

1. Any employee who believes that the actions or works of a supervisor or fellow employee constitute unwelcome harassment has a responsibility to:
   1. Tell the supervisor or fellow employee that their action or words are unwelcome and are considered harassment,
   2. Report or complain as soon as possible to the appropriate supervisor or to the President of the Board

of Directors If the complaint involves the Director.

1. All complaints of harassment must be investigated promptly in a manner that is as impartial and confidential as possible. If the employee is not satisfied with the handling of a complaint or the action taken by the Manager then the Grievance Procedure should be followed.

I have read and understand the above policy and signing below constitutes an agreement to adhere to this policy. Signature of Employee/Volunteer: ,Date: \_

Source: Agency Council on Coordinated Transportation. *Volunteer Drivers: A Guide to Best Practices.*

A-6

**CONFIDENTIALITY POLICY:**

The principal of confidentiality is basic to the maintenance of professional ethics and community respect. All staff and volunteers of the (Sponsoring Organization) have a set of ethical responsibilities by which they are bound to the rider, the community and themselves. The (Sponsoring Organization) riders act in good faith, expecting their circumstances and personal matters to remain confidential and the (Sponsoring Organization) is obligated by law and ethics to reciprocate. Confidentiality of rider information is maintained for the protection of the rider and for the (Sponsoring Organization).

Staff members, including volunteers, will use the following procedures. For the purposes of these procedures a "riders• is defined as a person registered as a program participant. Registration is accomplished by completion of a Rider Information Form {RIF)

1. All staff members will take responsibility for protecting the confidentiality of all riders. New staff members will receive instruction in these confidentiality procedures.

1. All written and unwritten information concerning riders of the (Sponsoring Organization) are considered as confidential.
2. All written information regarding the riders of the {Sponsoring Organization) will be maintained in files.

Only those staff members with a "need to know" will have access to the5e files. No staff member may remove rider files from the office without authorization from the staff member’s supervisor.

1. When it is necessary for a member of the staff to communicate information about a rider to another person or agency, a Release of Information Form will be signed by the rider or their legal representative. The signed release will be kept in the ride s permanent record. If the rider is unable to give written consent then the staff member releasing the information will document the circumstances.
2. When rider-related materials, i.e. lists, log and files are used outside the office, staff members are responsible and must take appropriate steps to safeguard the materials.
3. In emergency situations, when it is not possible to have a form signed, a verbal release may be given by the rider or their legal representative. The staff member who receives the verbal release will make a note in the ride s file and will obtain the written release as soon as possible.
4. A signed release will not be needed when:

"In general, personal information shall not be used or disclosed by any person or organization without the informed consent of the individual who is the subject or the information.

The major exception to this policy is that the information may be used for purposes directly connected with the administration of the program that has collected the information. Such purposes include, but are not necessarily limited to; determining eligibility, providing the services and participating in audits of the program. An example of using personal information in the course of providing a service would be staff member giving the name and other necessary information about an individual desiring a specific service to an organization than can provide that service" -DSHS memo IM-OOA-AAA-77-83.

1. When a (Sponsoring Organization) staff member is working with a rider and finds it necessary to obtain written information from another person or agency, it will be necessary to obtain a signed release from the rider or representative. This release will indicate that the rider or representative has given permission for release of information to the (Sponsoring Organization).

Source: Agency Council on Coordinated Transportation. *Volunteer Drivers: A* Guide *to Best Practices.*

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1. When a (Sponsoring Organization) staff member either receives requested written information or

releases written information about a rider to another person or agency, a written or verbal follow-up will be given to the rider. This follow-up will inform the rider as to what information was released or obtained and what progress has been made in helping with his/her individual situation. A record of the follow-up will be kept in the rider's file.

1. When a staff member receives unsolicited information from the rider the staff member may legally need to share that information, e.g., suspected abuse. The staff member may also ask the rider for permission to make an appropriate referral, i.e., Gatekeeper function.
2. When a staff member receives unsolicited information about a rider from family members, Gatekeepers, etc. the staff member may share in the information with the rider. Professional judgment will determine what to share.
3. The fact that a situation has been made public through any of the new media does not alter the fact that this person still has confidentiality privileges with the (Sponsoring Organization). For example, if a rider has been having difficulties with a given problem arid is arrested, the (Sponsoring Organization) confidentiality procedures will be maintained.
4. The fact that a case has been made public through any of the news media does not alter the fact that this person still has confidentiality privileges with the (Sponsoring Organization). For example, if a client has been having difficulties with a given problem arid is arrested, the (Sponsoring Organization)

confidentiality procedures will be maintained.

I have read and understand the above Confidentiality Policy:

Signature:

Date: \_

Source: Agency Council on Coordinated Transportation. *Volunteer Drivers: A Guide to Best Practices.*

A-8

Confidentiality Policy

The right of all clients to confidentiality of information is very important and is protected by both State and Federal laws. An agency that violates the data privacy law is liable to a person who suffers any damage as a result of the violation, and the person damaged may bring legal action to cover any damages sustained, plus costs and reasonable attorney fees. In the case of willful violation, an agency is liable for between $100 to $10,000per violation. Any person who willfully violates provisions of Minnesota Statutes 13.0213.09 is guilty or misdemeanor, while willful violation by an employee, including volunteer staff, constitutes just cause for suspension or dismissal.

However, more important than any possible willful violation of the data Privacy Act by staffs the fact that all people have an inherent right to privacy regarding their particular problems and circumstances, but even to the fact they are clients of the Faith in Action Transportation Program.

Therefore, it is most important in a staff position, be it volunteer or salaried, that we treat all information received during the course of our activity at the agency, as confidential. Such may be shared among fellow staff when it is appropriate and legal to do so, but we must always be on guard against repeating information to anyone outside of the volunteers or the Program Coordinator in the Faith in Action Transportation Program. Even the sharing of details of a particular situation without using names of places can be a breach of confidentiality, as others who overhear may be in just the right position to figure out who you may be discussing. The world is smaller than we sometimes think.

If asked what you do as a volunteer staff person, describe your responsibilities in general terms. Avoid commenting on a client's capabilities or circumstances. If asked why a passenger is receiving a ride, for example, you might simply say, "There can be many reasons, and it would not be appropriate for me to comment." To those who continue to probe for details or examples of a personal nature, one can always say something like, "I'm sure you can understand it is unprofessional for me to give specific information. You would expect the same privacy if you were in need of help." Should you meet an acquaintance while with a client you are assisting, introduce the client as you would any friend. "This is my friend, (give first name only); we're on our way to the library (or whatever place or general activity it is)." Be as normal as the situation calls for.

Source: Faith in Action, Red Wing, Minnesota

A-9

**BUSE, NEGLECT, ABANDONMENT, & EXPLOITATION:**

It is important not to try to investigate on your own, but to report your concerns immediately to the office of the

Department of Social & Health Services that is responsible for Adult Protective Services. They will investigate and take action to prevent, correct, or remedy the situation, with the consent of the older person involved. The staff member including volunteers) shall also report concerns to his/her supervisor to receive further instructions as needed. It makes most sense for an agency to have one person designated to make reports. People in certain professions are mandated

to report suspected abuse, neglect, exploitation or abandonment of persons sixty years of age or older who have an emotional, mental, or physical inability to care for or protect themselves. Those mandated to report include:

* 1. Police officers
  2. Social workers
  3. Employees\* of welfare, mental health, or health agencies, or congregate care long-term care facilities
  4. Licensed health care providers
  5. Employees of the Dept. of Social & Health Services
  6. Employees of social service agencies \*Employees include volunteers

Reports must be made to Adult Protective Services immediately, and follow-up with a written report within ten (10) days. Abuse and neglect of older persons includes several categories of acts and/or omissions generally referred to as abuse

Neglect, exploitation and abandonment. Signs of potential abuse or neglect include:

1. An elderly person with bruises, welts or bumps or evidence of physical restraints.

1. An elderly person who appears over- or under-medicated.
2. An elderly person with inadequate food or water, or with unclean clothes or bedding.
3. An elderly person whose caregiver abuses alcohol or is emotionally unstable.
4. An elderly person who previously has had excellent credit or resources but now seems unable to meet expenses.
5. An elderly person whose caregiver is under severe stress such as illness, unemployment or family problems
6. An elderly person living in a family with a history of violence such as child or spouse abuse.
7. An elderly person who is not permitted visitors or direct, private communications with others.

**Definitions:**

**Abuse:** An act of physical or mental mistreatment or injury that harms or threatens a person through action or inaction

*by* another individual. Abuse may be physical, sexual, verbal or emotional. "Medical abuse refers to over-medication or withholding of medications or other needed assistance in order to control the older person.

Signs of abuse:

1. Suspicious bruising or other injuries to arms, face or head.

1. Marks from tying or other restraints.
2. Purposeful isolation.
3. Unwarranted sedation.
4. Withholding of food, water or medication (without consent).
5. Unexplained depression or anxiety.

Source: Agency Council on Coordinated Transportation. *Volunteer Drivers: A Guide to Best Practices.*

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Neglect: A pattern of conduct resulting in deprivation of care necessary to maintain minimum physical and mental health. Neglect occurs when, a caregiver does not provide enough care and support to meet the person's individual needs for physical emotional well-being. (The situation *may* be "self-neglect" when the needs of an older person are not being met but there is not an identified caregiver.}

Signs of neglect:

* 1. Inadequate food or water.
  2. Uncleanliness.
  3. Serious bedsores.
  4. Social isolation.
  5. Lack of proper medical or dental care or equipment.
  6. Unsanitary conditions.
  7. Unpaid bills.
  8. Untreated mental illness.

Exploitation: Illegal or improper use of a vulnerable adult or that adult's resources for another person's profit or advantage. Exploitation may involve obtaining access to and misusing an older person's income, financial resources or real property, obtaining money fraudulently, charging for services riot provided, misuse of a Power of Attorney, and emotional pressure to change a will sign over property.

Signs of exploitation:

1. Sudden change in an older person's spending habits.
2. Unexplained loss of resources or valuables.
3. Overdrawn accounts.
4. Loss checks or passbooks.
5. Unusual or suspicious withdrawals from bank.
6. An unfit person moving in.
7. Sudden quit-claim deeds of property.
8. Suspicious or unauthorized use of an older person's credit cards.

Abandonment: Leaving a vulnerable adult without the means to obtain food, clothing, shelter, or health care. This form of abuse involves a recognized caregiver who has been giving regular and substantial care to an older person, and willfully discontinues the care without assuring adequate replacement or giving appropriate notice to responsible parties.

Signs of abandonment:

1. Sudden departure of caregiver.
2. No movement in or around an older person's home.
3. No answer to telephone.
4. Uncollected mail or newspapers piling up.
5. Older person suddenly discontinuing routine social contacts.

I have reviewed and understand the (Sponsoring Organization's} Policy regarding the reporting of abuse, neglect, exploitation, and abandonment of adults.

Signed:--------------------- Date: \_

Source: Agency Council on Coordinated Transportation. *Volunteer Drivers: A Guide to Best Practices.*

A-n

**Adult Protective Service Reporting Form:**

Identification of lndividual(s)

Name Address Telephone

Identification of Suspected Perpetrator(s)

Name Address Telephone

Relationship to Individual Being Reported:

Son Daughter Father

Brother Sister Mother

Spouse

Caregiver Other

Son-in-law Daughter-in-law

Description of Suspected Abuse/Exploitation/Neglect or Abandonment (Use back of report if needed.)

Identification of Significant Others: (if known)

Name Address Telephone

Agencies Currently Providing Services to lndividual(s) (if known)

Name Address Telephone

Source of Report:

Reported by: (name) Date of Oral Report: Agency: \_

Relationship to Individual Being Reported---------------------- Report to:

Source: Agency Council on Coordinated Transportation. *Volunteer Drivers: A* Guide *to Best Practices.*

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**VOLUNTEER DRIVER INCIDENT REPORT:**

1. Driver Name: ---------------------

1. Date of Incident: \_
2. Time of Incident: \_
3. Location of Incident:-------------------
4. Name of Rider/s Involved:-----------------

6. Address:----------------------

7. Phone#:--------

1. Car Seat or Booster Seat in Use? \_
2. Name & Phone Number of Witnesses to Incident:

Phone: \_

Phone: \_

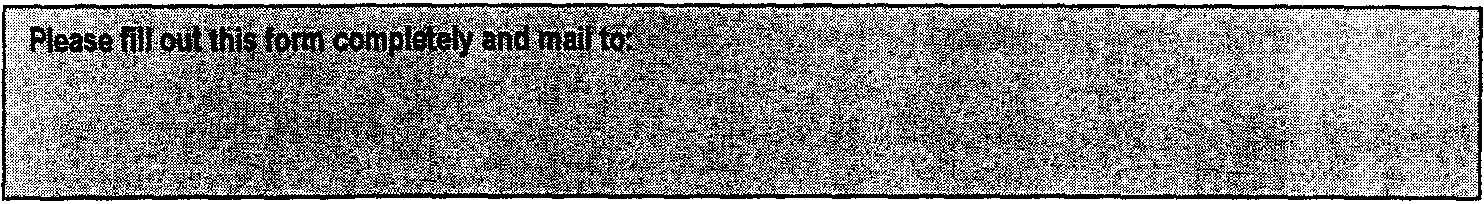
Phone: \_

10a. Were the police involved? \_Yes \_No

1Ob. If yes, Provide the Name of Police Official and Accident Report Number: \_

11. Explain in Detail:----------------------

1. Volunteer Driver Signature:------------



Source: Agency Council on Coordinated Transportation. *Volunteer Drivers: A Guide to Best Practices.*

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Faith in Action: Red Wing, Minnesota Policies and Procedures

Introduction

Standard rules of conduct and procedures are necessary for the efficient and safe operations of any program or business. The contents of this Service Policy Manual have been prepared with the objective of providing information that may be helpful to volunteers and the people they serve.

This Service Manual is intended to help reduce liability risks by providing consistent methods of operation for the Program.

Volunteers want to know what is expected of them and how to handle certain situations. Likewise, people being served want to know how the Transportation Program operates, and what their responsibilities are when utilizing this service.

Mission Statement

We are committed to providing a safe, quality service for our passengers and the volunteers that make this program possible.

Description of Service

The Faith in Action Transportation Program attempts to provide necessary (non­ emergency) transportation for the elderly or people in difficult life circumstances. This program is available to those who have no other means of transportation. Rides must be arranged at least 48 hours in advance.

Rides are provided by a volunteer, driving his/her own vehicle. Drivers provide a door­ to-door service for riders, pick them up at their homes or designated meeting place, take them to their destination, and return them to their home.

Service Area

Trips will be limited to the local Red Wing/Hager City area, which is within a 10-mile radius of the Faith in Action office.

Days and Hours of Service

Volunteer Transportation is available at any time that a Volunteer is available. Scheduling and Cancellation Procedures

Source: Faith in Action, Red Wing, Minnesota A-14

To schedule, a rider contacts the Faith in Action Office@ 388-5262, Monday through Friday between 9:00 am. and 4:00p.m. Requests should be made at least 48 hours in advance, or as soon as possible. Same-day requests generally cannot be filled.

When requesting a ride, passengers must provide their name, address (direction if needed), whether they are over 60 or on Medical Assistance, phone number, date and time of appointment, where they need to go, and an estimated length of the appointment. Indicate any special concerns or information that a volunteer driver should know. The Faith in Action staff records the information on the appropriate form. Faith in Action staff will make a confirmation call back to the person making the request.

A volunteer driver will attempt to call the passenger before the ride to confirm the ride and make final arrangements.

Passengers are expected to be ready and watching for their ride at the prearranged pickup time and place. If a passenger does not come out to the car within 10 minutes, unless arranged otherwise, the driver will leave and it will be considered a passenger no-show.

If a rider needs to cancel a ride, they need to contact the Faith in Action staff or their driver as soon as possible. If this is done and the driver has already left to pick up the rider for their appointment, it is considered an unexcused cancellation.

If a passenger has one unexcused cancellation or no-show, a warning letter is sent to them. After the second no-show or unexcused cancellation, a notice will be mailed informing the passenger that he/she is suspended from using the program for 2 months.

**Donations**

Contributions are one of the funding sources for this program. If a rider wishes to make a contribution, it should be made to Faith in Action. Drivers cannot accept any pay for services and are not reimbursed for mileage.

**Passenger Assistance**

This program is a door-to-door service. However, door-to-door service will not be provided if unsafe conditions exist. The driver can enter the passenger's home when picking up if the passenger requests this, however, the driver will determine if he/she is comfortable with this situation. If the rider needs an escort or attendant it is the passenger's responsibility to furnish this. It is also the rider's responsibility to check with the driver to ensure that there is enough room for an escort or attendant.

Service animals will be allowed as long as prior arrangements have been made with the dispatcher or the driver.

For the safety of the passenger and the driver, the volunteer driver is not expected to or required to have any physical contact with the passengers.

**Source:** Faith in Action, Red Wing, Minnesota

A-15

When dispatching a ride, the Faith in Action staff informs the volunteer driver of any additional assistance needed. It is the driver's decision whether he or she is comfortable providing the assistance requested.

Passengers in a wheelchair must be able to transfer themselves from the wheelchair to the vehicle with no assistance or provide an attendant to assist them.

Passenger Conduct and Responsibilities

* 1. Be sure to use your seat belt. If you are bringing any children less than four years of age, you must provide a car seat for each child.
  2. Please be punctual and waiting for your driver to arrive. Drivers are not expected to wait if a passenger is running late at the scheduled pick-up time. If you live in an apartment complex, be waiting in the main lobby so the driver does not have to go in and look for you.
  3. Keep all children under control. It is distracting and dangerous to the driver to have children who are screaming, crying, etc. Drivers are not baby-sitters.
  4. Volunteer Drivers are not allowed to make unauthorized stops. Prescription pick­ ups after a doctor's appointment are allowed, but grocery shopping or errands are not. In addition, drivers may not drop you off at unauthorized drop off points. If you change your destination, you need to notify the dispatcher before making the trip.
  5. Drivers are not required to physically assist passengers. If you need further assistance, please bring someone along who can help you.
  6. Please be courteous and considerate of others. Before eating, drinking, or using tobacco products please check with the driver and others in the vehicle. If it is an issue with anyone, this will be prohibited.
  7. The driver is responsible for in-vehicle behavior and all instructions and safety rules are to be followed.
  8. Inappropriate behavior such as foul language, lack of personal hygiene, etc. will not be allowed.
  9. The program reserves the right to refuse service based on violation of these standards.

Passenger Comment and Complaint Procedures

Source: Faith in Action, Red Wing, Minnesota

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The Transportation Program is responsive to all complaints as well as commendations. Passengers may call or send written commendations or complaints to: Faith in Action. We will document complaints received verbally from passengers or other volunteers and respond immediately.

For risk management, record keeping and documentation purposes, written complaints are kept on file.

Transportation Program Responsibilities

The Faith in Action Transportation Program provides a valuable service to our community. We are committed to providing a safe, quality service for our passengers and the volunteers that make this program possible.

To ensure this commitment, the Faith in Action Transportation Program will provide the following standards and guidelines for staff and volunteers:

1. The Faith in Action Transportation Program will provide safe, reliable, and efficient service.
   * Vehicles should be clean and MUST be in safe operating condition. We

recommend that the drivers inspect their vehicles before transporting passengers. Such inspections should include lights, tum signals, etc.

* + Volunteers have the right to accept or deny certain requests made of them by a Faith in Action staff. However, accepting a request to provide a ride for someone requires volunteers to be responsible for on-time service and follow through of the assignment.
  + Volunteers will obey all traffic laws. They have the right to insist that.

passengers will also obey laws and safety rules by requiring passengers to wear seat belts and use proper infant or child-safety restraints when needed.

* + Volunteers should report any passenger concerns, trip changes, or unusual occurrence, immediately to their dispatcher. The dispatcher will respond immediately to major concerns or within 3 days if not urgent.
  + Volunteers must maintain a valid driver’s license and at least automobile liability insurance as long as they are driving for the program.

B. Our transportation program does not expect volunteer drivers to provide specialized care of passengers such as lifting, administering medications, or services other than driving.

1. Volunteer drivers are responsible for abiding by the policies detailed in other sections of this service policy. This is necessary for the liability protection of volunteers, passengers, and this agency.
2. Any claims that arise from accidents that occur while volunteering for the Faith in Action Transportation Program will be covered in accordance with the Minnesota No Fault Claims Act.

Source: Faith in Action, Red Wing, Minnesota

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1. The Faith in Action Transportation Program abides by all applicable federal, state, and local regulations.
   * Volunteers representing our program will take their volunteer work seriously

by honoring codes of conduct and confidentiality of passengers.

1. The Faith in Action Transportation Program maintains an alcohol and drug-free policy.

Volunteer must never drive if alcohol or other mood altering drugs have been taken.

* + Passengers are not allowed to drink or possess illegal drugs when using Our service. Drivers will immediately report suspicions to their dispatcher or the

program coordinator.

1. The Faith in Action Transportation Program is committed to providing the opportunity for the volunteers to attend training and volunteer involvement in the development and implementation of this transportation program. Opinions and suggestions from volunteers will be honored whenever possible.

Safety

The Transportation Program is committed to providing safe, reliable service to our passengers. Our safety considerations include requiring that volunteer drivers have current insurance on their vehicles and a valid driver's license. Initial and follow-up training will be available for the volunteer drivers.

Safety and Emergency Consideration for Volunteers:

It is of paramount importance that volunteers value safety and employ safe driving techniques. SAFETY FIRST...allow time to drive and arrive safely. Your vehicle should not be driven if any unsafe conditions are apparent.

It is required that all passengers wear seat belts during the operation of the vehicle. If your passenger refuses to wear a seat belt, do not transport that person. The driver is responsible for the occupants of his /her car!

If you are transporting a child under 4 years old. be sure that the child is in a safety approved child restraint seat. The rider should provide this.

Every accident. no matter how minor, must be reported. even if there is no apparent damage. Reports must be made immediately to the program coordinator.

Drivers will be responsible for the cost of a moving violation (i.e. speeding tickets). NEVER drive when tired or taking medication that causes drowsiness.

Source: Faith in Action, Red Wing, Minnesota A-18

The use of alcohol and/or the use of illegal or mood-altering drugs by a volunteer driver while providing service for clients of the program is prohibited. Drivers must abide by the program's drug policy.

Report program problems as accurately and descriptively as possible. Constructive comments or suggestions are always welcome.

Emergency Procedures

It is wise to be prepared for the unexpected! Emergencies may arise and will require good judgment on your part. The following guidelines are intended to help you in the event of an emergency.

1. Accidents
   * Volunteer drivers must never leave the scene of an accident
   * Always report minor or major situations (even fender benders) to the program coordinator. Document names of passengers, time and what happened so no details are forgotten. Remain calm. Follow state rules for reporting accidents to authorities and your insurance agent.

* In the event of a serious accident, wait for an ambulance to arrive. Do not attempt

to move or administer first aid unless the situation is life threatening to your passengers.

* Do not make statements about who is at fault to anyone except police or the program coordinator.

1. Bad Weather
   * Volunteers should never feel obligated to drive if roads are hazardous or foul weather threatens driver or passenger safety.
   * If weather conditions require you to seek safety, do so immediately. Passengers

may not like having to wait out a storm; but you, the driver, must consider safety first. If possible, call the program coordinator to notify us of your situation and whereabouts.

* If schools close or weather warnings are announced, our office may also be closed. If you must reach someone, call a local police department to request assistance.
* We recommend that volunteer drivers always carry a first aid and/or safety survival kit.

1. lll Passengers
   * The dispatchers will always try to inform you of passengers that have special problems and what to expect. The dispatchers will never purposely accept passengers that require special medical services, unless the rider is able to provide an escort. Nevertheless, emergencies may arise, so be prepared. Always report

Source: Faith in Action, Red Wing, Minnesota

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situations to the dispatchers or the program coordinator -both minor and major concerns so that we can know what to expect in the future.

* + If a passenger becomes ill, stay calm and get to the nearest phone and contact 911

for emergency medical service.

* + Passengers who communicate distress should not be ignored.
  + Knowing symptoms and basic first aid steps will help you to stay calm.

Non-discrimination

It is the policy of the Faith in Action Transportation Program to provide services to all persons without regard to race, color, national origin or handicap. The same requirements are applied to all, and there is no distinction in eligibility for, or in the manner of providing services. All services are available without distinction to all program participants regardless of race, color, national origin or handicap. All persons and organizations having occasion either to refer persons for services or to recommend our services are advised to do so without regard to the person's race, color, national origin or handicap.

Civil Rights Complaint Procedure

The services, facilities, and benefits this program are for the use of all older people regardless of race, color, sex, religion, disability, or national origin.

Any individual who feels he/she has been denied the opportunity to participate in this program and wishes to file a complaint of discrimination should write the following office:

Executive Secret Minnesota Board on Aging 444 Lafayette Road

St. Paul, MN 55155-3843

Your complaint will receive immediate attention; prompt corrective action as may be necessary will be undertaken. As complainant, you will be informed of the disposition of your complaint.

Criminal Background Study

All new volunteers (January 1998) will be asked to give information for a criminal background study. The information requested will include but may not be limited to a review of criminal conviction records held by the Bureau of Criminal Apprehension (BCA) and records of substantiated maltreatment of vulnerable adults and children. Individuals found to have histories with particular characteristics may be disqualified as drivers. Refusal to provide the information necessary for an accurate and complete background study will result in your disqualification.

Source: Faith in Action, Red Wing, Minnesota

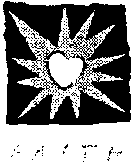
A-2o

**Closing Statement**

The Faith in Action Transportation Program is dedicated to providing a safe and reliable service to our passengers. We thank you for your support and welcome your input. If you have any comments or suggestions call or write Faith in Action in Red Wing, 320 West Ave., Red Wing, MN 55066. (651) 388-5262.

**Source:** Faith in Action, Red Wing, Minnesota

A-21



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*Texts:*

Suggested Resources for Fund Raising

*American Association of Fundraising Counsel. Giving USA, 2000.*

Flanagan, Joan. *Successful Fundraising: A Complete Handbook for Volunteers and Professionals.*

Contemporary Books, 2000, Chicago, IL.

Klein, Kim. *Fundraising for Social Change.* Chardon Press, 2001, Oakland, CA

Kuniholm. Roland. *The Complete Book of Model Fund-Raising Letters.* Prentice Hall, 1995,

Paramus, NJ.

*Web Site Addresses:*

[www.aafrc.org](http://www.aafrc.org/) American Association of Fundraising Counsel & AAFRC Trust for Philanthropy [www.nsfre.org](http://www.nsfre.org/) Association of Fundraising Professionals

[www.chardonpress.com](http://www.chardonpress.com/) The Chardon Press (publisher of *The Grassroots Fundraising Journal)*

[www.philanthropy.com](http://www.philanthropy.com/) The Chronicle of Philanthropy [www.fdncenter.org](http://www.fdncenter.org/) The Foundation Center [www.leavalegacy.org](http://www.leavalegacy.org/) Leave A Legacy

[www.ncpg.org](http://www.ncpg.org/) The National Committee on Planned Giving [www.boardsource.org](http://www.boardsource.org/) BoardSource

[www.ncna.org](http://www.ncna.org/) National Council of Nonprofit Associations [www.pgtoday.com](http://www.pgtoday.com/) Planned Giving Today

Source: Faith in Action National Office

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**Federal Transit Funding Resources**

Jennifer Dexter

Senior Government Relations Specialist

Easter Seals Office of Public Affairs

};> Elderly and Persons with Disabilities, 5310 Program

* + - Funds are used to provide services to meet the special needs of the elderly and people with disabilities
    - States apply on behalf of private non-profit agencies
    - Funds can be used for capital projects (purchasing vehicles)
    - So% federal *I* 20% local match
    - Funds are allocated based on a formula that considers the number of elderly and people with disabilities within states

};> Non-urbanized Area Formula Grants, 5311 Program

* + - Funds are used to enhance transportation services in rural areas
    - State and local governments as well as nonprofit organizations are eligible recipients
    - Funds can be used for capital, operating, or administrative purposes
    - So% federal *I* 20% local match for capital projects with a higher

local match for operating assistance

* + - Funds are allocated by a formula based on census figures to areas with populations below so,ooo

};> Job Access and Reverse Commute Program

* + - Funds are used to transport welfare recipients and other low­ income persons to jobs and other support services
    - Funds can be used for capital items or the cost of operating service
    - Funds are allocated as such: 6o% to urbanized areas with populations of 200,000 and above, 20% to urbanized areas with populations under 2oo,ooo, and 20% to non-urbanized areas
    - Provides a 50 percent FfA share; matching funds may include those from other Federal welfare-to-work programs
    - Funds are allocated on a national competitive basis based on (population, need, coordination possibilities, innovation, community involvement, etc.)

A-23

Rural Transit Assistance Program

* Funds are used to assist in the design and implementation of training and technical support for non-urbanized transit providers
* State and local governments and local transit providers are eligible recipients
* Funds can be used for training, technical assistance, research, and related support activities
* No match required
* Funds are allocated based on an administrative formula

Project ACTION

* Initiated in 1998
* Goal is a collaboration between the disability and transit communities to promote accessible transportation
* Easter Seals administers through a cooperative agreement with the U.S. Department of Transportation, Federal Transit Administration
* Activities include research and demonstration projects, training/technical assistant, and outreach

A-24

**General Funding Resources**

* 1. Administration on Aging

Each year, Congress appropriates funds for use by AoA and the other Federal Agencies in carrying out their mission to promote the dignity and independence of older people, and to help society prepare for an aging population. AoA provides grant funding to States and territories, recognized Native American Tribes and Hawaiian Americans, as well as nonprofit organizations, including faith-based and academic institutions. Individuals are not eligible to apply for AoA funding. For further information contact the Administration on Aging at 202.619.0724 or visit their website at: [www.aoa.gov/doingbus/doingbus.asp](http://www.aoa.gov/doingbus/doingbus.asp)

The Catalogue of Federal Domestic Assistance

The online Catalog of Federal Domestic Assistance at [www.cfda.gov](http://www.cfda.gov/) gives you access to a database of all Federal programs available to State and local governments (including the District of Columbia); federally­ recognized Indian tribal governments; Territories (and possessions) of the United States; domestic public, quasi-public, and private profit and nonprofit organizations and institutions; specialized groups; and individuals. Contact the office that administers the specific program in which you are interested for more information.

The Federal Register

The Federal Register <http://www.access.gpo.gov/su>docs/aces/aces140.html is available on-line for ready access to daily grant announcements. Open it up here to search by date, or scroll down to 2001, open up the dates list, and click on the date you want. A Table of Contents will open up for the day, and you can easily scroll to grant announcements and open them up as you wish. You can print out grant announcements (referred frequently as RFPs) either in HTML or in a PDF file, which requires Acrobat Adobe Reader.

The Corporation for National and Community Service

*Senior Corps*

Retired and Senior Volunteer Program (RSVP) volunteers serve in a diverse range of nonprofit organizations, public agencies and faith-based groups. Among other activities, they mentor at-risk youth, organize neighborhood watch programs, teach English to immigrants and lend their business skills to community groups that provide critical social services. RSVP is open to people age 55 and over.

Partners/operations/local organizations, both public and private, receive grants to sponsor and operate RSVP projects in their community. These projects recruit seniors to serve from a few hours a month to almost full time, though the average commitment is four hours a week. Most volunteers are paired with local community and faith-based organizations that are already helping to meet community needs.

The Foster Grandparent Program (FGP) allows Foster Grandparents to serve as mentors, tutors, and caregivers for at-risk children and youth with special needs through a variety of community organizations, including schools, hospitals, drug treatment facilities, correctional institutions, and Head Start and day-care centers.

Local nonprofit organizations and public agencies receive grants to sponsor and operate local Foster Grandparent projects. Organizations that address the needs of abused and neglected children, troubled teens, young mothers, premature infants and children with physical disabilities work with the local Foster Grandparent program to place and coordinate the services of the Foster Grandparent volunteers. These local partners are called volunteer stations. Volunteer stations include children's service agencies, child and youth-oriented charities and faith-based institutions.

A-25

The Senior Companion Program (SCP) volunteers serve one-on-one with the frail elderly and other homebound persons who have difficulty completing everyday tasks. They assist with grocery shopping, bill paying, and transportation to medical appointments, and they alert doctors and family members to potential problems. Senior Companions also provide short periods of relief to primary caregivers. Because of the program, thousands of citizens are able to live with dignity in their own homes. In fiscal year 2001, 15,500 Senior Companions tended to the needs of more than 61,000 adult clients.

Local nonprofit organizations and public agencies receive grants to sponsor and operate Senior Companion projects. Community organizations that address the health needs of older persons work with the local SCP projects to place and coordinate the services of the SCP volunteers. These local partners - which include hospitals, Area Agencies on Aging, and home health groups -are referred to as volunteer stations. The stations' professional staff identifies individuals who need assistance and work with SCP projects to place them with Senior Companions

*AmeriCorps*

AmeriCorps is a network of national service programs that engage more than 50,000 Americans each year in intensive service to meet critical needs in education, public safety, health, and the environment. AmeriCorps members serve through more than 2,100 nonprofits, public agencies, and faith-based organizations. They tutor and mentor youth, build affordable housing, teach computer skills, clean parks and streams, run after­ school programs, and help communities respond to disasters. Created in 1993, AmeriCorps is part of the Corporation for National and Community Service, which oversee Senior Corps and learn and Serve

America. Together these programs engage more than 2 million Americans of all ages and backgrounds in service each year.

AmeriCorps Volunteers in Service to America {VISTA) project sponsors may be federal, state, or local agencies, or private, non-profit organizations with a 501 (c) designation. Project sponsors must be able to direct the project, supervise the AmeriCorps\*VISTAs and provide necessary administrative support to complete the goals and objectives of the project. Those goals and objectives must be clearly defined and directed toward alleviating problems of low-income communities, and meet the regulations of the AmeriCorps\*VISTA program.

One consistent goal for every AmeriCorps\*VISTA project should be the sustainability of the project by the sponsoring agency and the low-income community after AmeriCorps\*VIST A project sponsorship ends.

For more information about all three Senior Corps Programs and AmeriCorps contact the corporation for National and Community Service at 202.606.5000 or visit their website at [www.nationalservice.org.](http://www.nationalservice.org/)

Community Development Block Grants

CDBG provides eligible metropolitan cities and urban counties (called "entitlement communities") with annual direct grants that they can use to revitalize neighborhoods, expand affordable housing and economic opportunities, and/or improve community facilities and services, principally to benefit low- and moderate­

income persons.

Recipients of CDBG entitlement funds include local governments with 50,000 or more residents, other local governments designated as central cities of metropolitan areas, and urban counties with populations of at least 200,000 (excluding the population of entitled cities).local governments may carry out all activities themselves or award some or all of the funds to private or public nonprofit organizations as well as for-profit entities. A separate component of CDBG-the State CDBG Program-provides program funds to the States, which they allocate among localities that do not qualify as entitlement communities. Contact the U.S. Department of Housing and Urban Development at 202.708.1112 or visit their website at [www.hud.gov/progdesclcdbaent.cfm](http://www.hud.gov/progdesclcdbaent.cfm) for more information.

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**RECOMMENDED VOLUTEER VEHICLE INSPECTIONS**

Recommended daily, weekly and monthly vehicle inspections are listed below. In most cases, volunteers can perform these inspections on their own vehicles:

* + 1. Daily Inspection.
       1. Check for fluid leaks. Have them repaired at service time or immediately if they are serious.
       2. Check gauges for irregularities after thirty-second vehicle warm-up. Have them repaired at

service time or immediately if they are serious.

* + - 1. Ensure mirrors are clean and properly adjusted.
      2. Ensure windows are clean and clear of fog, ice, or snow before operating vehicle.
      3. Check for chips or cracks in windows. Have them repaired at service time or immediately if they

are serious

* + - 1. Ensure that seatbelts are all operational.
      2. Ensure that interior is clean and free of debris.
      3. Check that the brakes are working properly. Have abnormalities serviced immediately.
      4. Ensure that the steering operates properly. Have abnormalities serviced immediately.
      5. Check the exhaust system to ensure proper operation and ventilation. If a problem is noted, have

it repaired at service time or immediately if problem is serious.

* + 1. Weekly Inspection
       1. Check oil level. Add oil if needed.
       2. Check to ensure the coolant/antifreeze level is adequate. Add fluid if needed.
       3. Check the windshield fluid level. Add fluid if needed.
       4. Check the power steering fluid level. Add fluid if needed.
       5. Check the transmission fluid level. Add fluid if needed.

f. Check the brake fluid level. Add fluid if needed.

1. Check the tire pressure and tire tread. Fill air to appropriate level.
2. Check for unusual tire wear. Have vehicle aligned or inspected by an auto maintenance professional if needed.
3. Check the wipers. Replace at next maintenance or immediately, if needed.
   * 1. Monthly Inspection
        1. Check belts and hoses, if able. Have any unusual wear inspected by an auto maintenance professional, if needed.
        2. Check that headlights, taillights, directional signals and emergency flashers work properly.

Replace any lights that are not working.

1. Check that the battery cable is tightly attached and free of corrosion. Have it repaired at service time or immediately if needed.
2. Ensure that the heater, defroster and air conditioner work properly. Have them repaired at service time or immediately, if needed.

Source: Agency Council on Coordinated Transportation. *Volunteer Drivers: A Guide to Best Practices.*

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Pre-Trip Inspection:

1. Conducting the Inspection: Before you begin, you should have a copy of the checklist in hand and have a pen to write with. The checklist will help you in performing the inspection in a logical sequence and assist you in

doing a complete and through inspection of the vehicle. If your vehicle does not contain all of the equipment that is

reflected in the checklist, i.e., organization van vs. POV, simply cross out the items that do not apply and move on

to the next item.

1. Fluid Levels, Hoses, Belts: Before you start the engine, lift the hood. Check the fluid levels in the radiator, battery, and windshield washer. Note any excessive usage and add the appropriate fluids. Check the oil level and add if indicated. Note any of the fluid additions.

Visually check the hoses for signs of leaking and/or cracking. In a similar way check the belts.

1. Interior, Lights, Dials, Gauges and Ventilation: Once you get behind the wheel, set the emergency brake, start the vehicle, check the appropriate lights, dials, and gauges. For example, the oil gauge or warning light should give you an indication as to whether the oil pressure is sufficient to keep the engine running without damaging it. Do not allow the engine to "race· when you first start it. If the engine seems to be running too fast (idle,) and will not slow down, do not put it into gear. Shut it down and report the problem to the Manager.

If the alternator or generator light stays on or if there is a gauge that tells you the battery is not charging, you could end up with a dead battery on the route. If you do get such an indication you should have it corrected before starting out on your assigned trip.

Check to see if heater and air conditioning/s are working. Notice any foreign smells coming from the ventilation system. Inspect the interior for any hazards, tom upholstery, loose objects, etc. Check the interior lights, and seat belts. If car seats or other child restraint systems are to be use check to determine if they are matched to the vehicle and that they can be properly activated. Note the presence of driver side airbags in planning for the anticipated passengers, i.e., if they are present and activated then children and small adults should not ride in positions with functioning air bags.

Check for the vehicle registration and proof of insurance, make sure that neither has expired. Check for presence of EZ Clean Kit in the vehicle. Check supplies in the kit.

1. Windows and Mirrors: Make sure that all windows and mirrors are free of ice, snow, or frost before moving the vehicle. If it is not too cold outside, you can check to see that the windshield washer and wipers are working.

Adjust all of your mirrors to make sure that you can see what it is you need to see within your safety zone.

1. Horn, Steering Wheel, and Brakes: Tap the horn to make sure it works.

Move the steering wheel from side to side to make sure that it does not have excessive "play" in it. Push on the brake pedal. It shouldn't feel soft or spongy.

1. Doors and Emergency Exits: Examine all regular and emergency doors to make sure that they are functional and not obstructed or otherwise damaged. The time to find out that an emergency door does not work is before the vehicle is put into service.

Source: Agency Council on Coordinated Transportation. *Volunteer Drivers: A Guide to Best Practices.*

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1. Left Front: Tum on all the exterior lights, including the high beams, tum signals and emergency flashers. Make sure the emergency brake is on and get out and check the left front vehicle lights to make certain that they are clean and not burned out. As you begin this outside inspection, remember to note any new damage to the vehicle.
2. Left Side Tires:

Look at the left front and left rear tires for signs of damage or obvious pressure problems. An over inflated tire will give a rougher ride. An under inflated tire will build up heat and make it more susceptible to damage from obstacles or potholes in the road. If you have a tire gauge, check the pressure against recommended levels.

1. Trunk, Rear Lights and Signs: Check in the trunk, interior, or under the vehicle for the spare tire and tire changing tools. Check inflation of the spare. Check for presence of an emergency equipment kit (chains, flashlight, flares, blankets, ice scrapers).

Inspect all lights on the rear of the vehicle such as the emergency flashers, taillights, etc. If there are any signs on the back of the vehicle make sure that they are clean. If lights are dirty clean them.

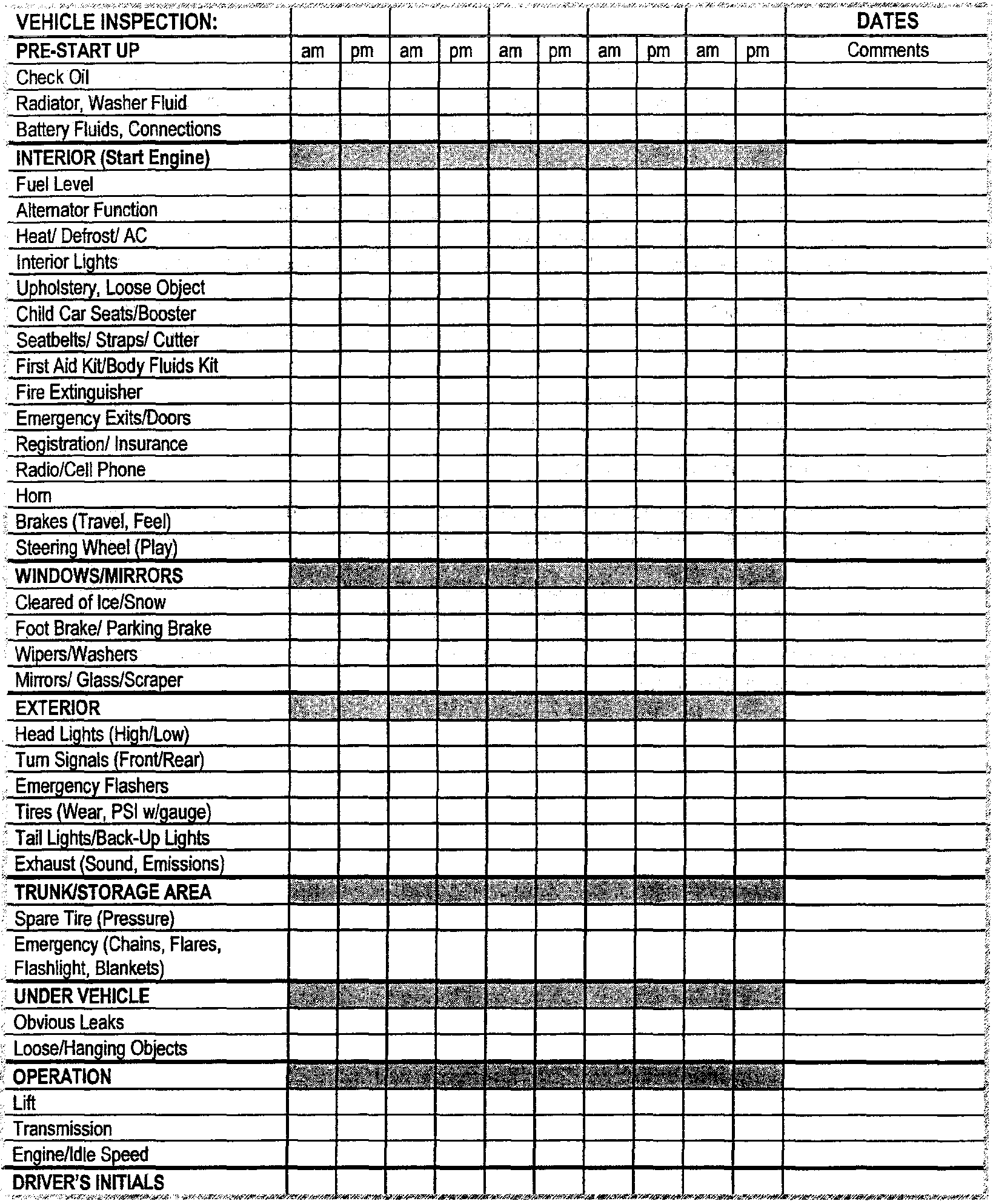
Check to determine if the license tabs have expired .

.10. Under Vehicle Inspection: Stand back a few feet from the rear of the vehicle and look under the vehicle or any foreign objects or fluid leaks. If there any objects hanging or wedged under the vehicle, either remove them or determine if part of the vehicle is hanging down. If a part of the vehicle is hanging down, report it to the Manager for repair before starting your run. If you see any puddles of any kind other than obvious rainwater or water from melted snow/ice, check the source of the leak and report it to the Manager.

11. Right Side Tires: Now check the right rear and right front tires just as you did the tires on the left side. Again look for any signs of fresh vehicle damage.

Source: Agency Council on Coordinated Transportation. *Volunteer Drivers: A Guide to Best* Practices.

A-29



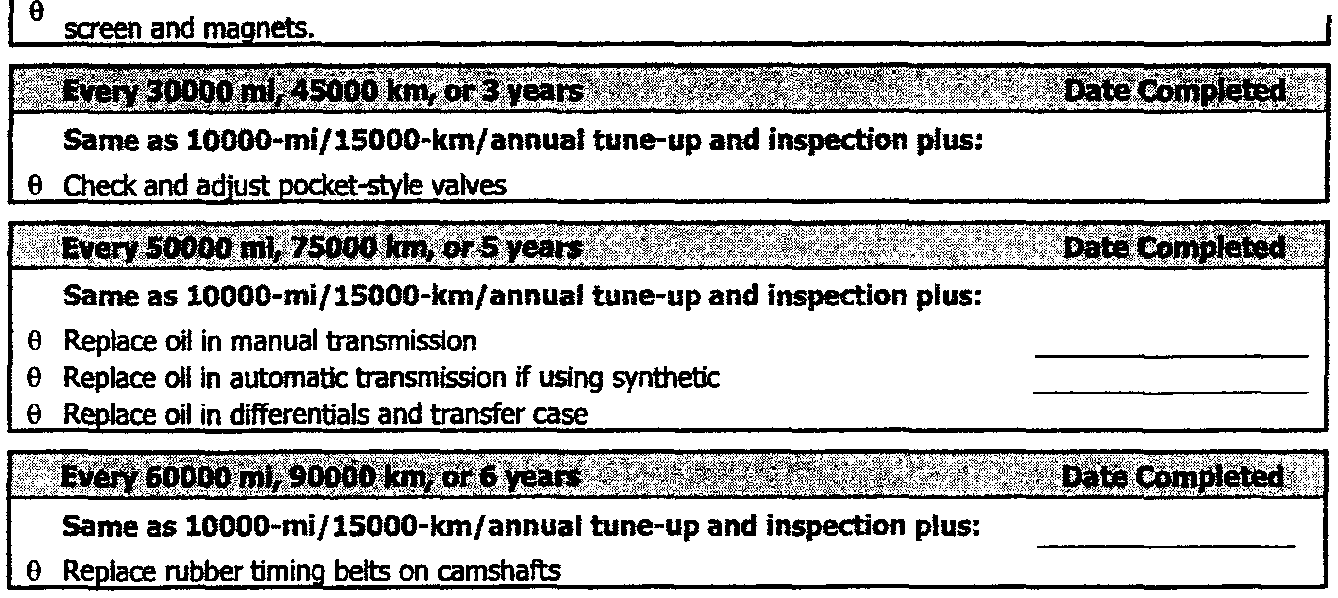
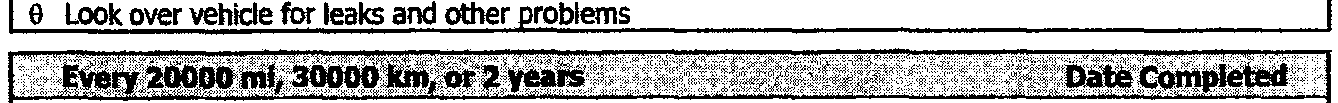
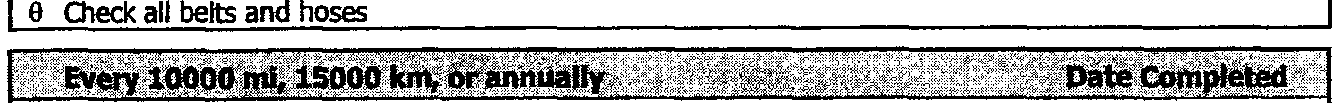
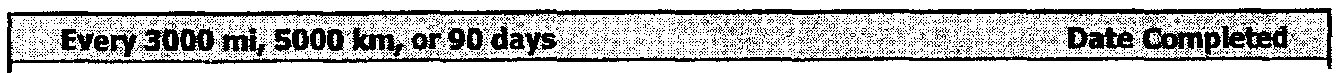
**Source:** Agency Council on Coordinated Transportation. *Volunteer Drivers: A Guide to Best Practices.*

A-30

**Vehicle Maintenance Checklist**

Last modified: Date

Read the owner's manual to learn about your vehicle's systems and components. Follow the recommended service schedules. Keep a log of all repairs and service.



e Change oil and filter

e Lubricate chassis

e Check fluids

e Check tire pressure

e Change oil and filter

e Lubricate chassis

e Replace all filters including air, fuel, and PCV filter

e Check brakes and quickly check wheel bearings

e Check and adjust valves if rocker-type arm

e Replace plugs, points, cap, rotor, and all necessary tune-up and emission Items ------­

e Check all belts including timing belt

e Inspect cooling system hoses and fluid for cleanliness

e Check temperature for engine thermostat

Same as 10000-mi/15000-km/annual tune-up and Inspection plus:

e Bleed brakes to renew fluid and remove contamination from normal wear and

tear

e Drain cooling systems, radiator, engine block, and all heater related

components. De-scale as necessary and inspect tubes in radiator for cleanliness.

Replace thermostat. Refill with distilled water and 10% glycol. Add corrosion protection fluid.

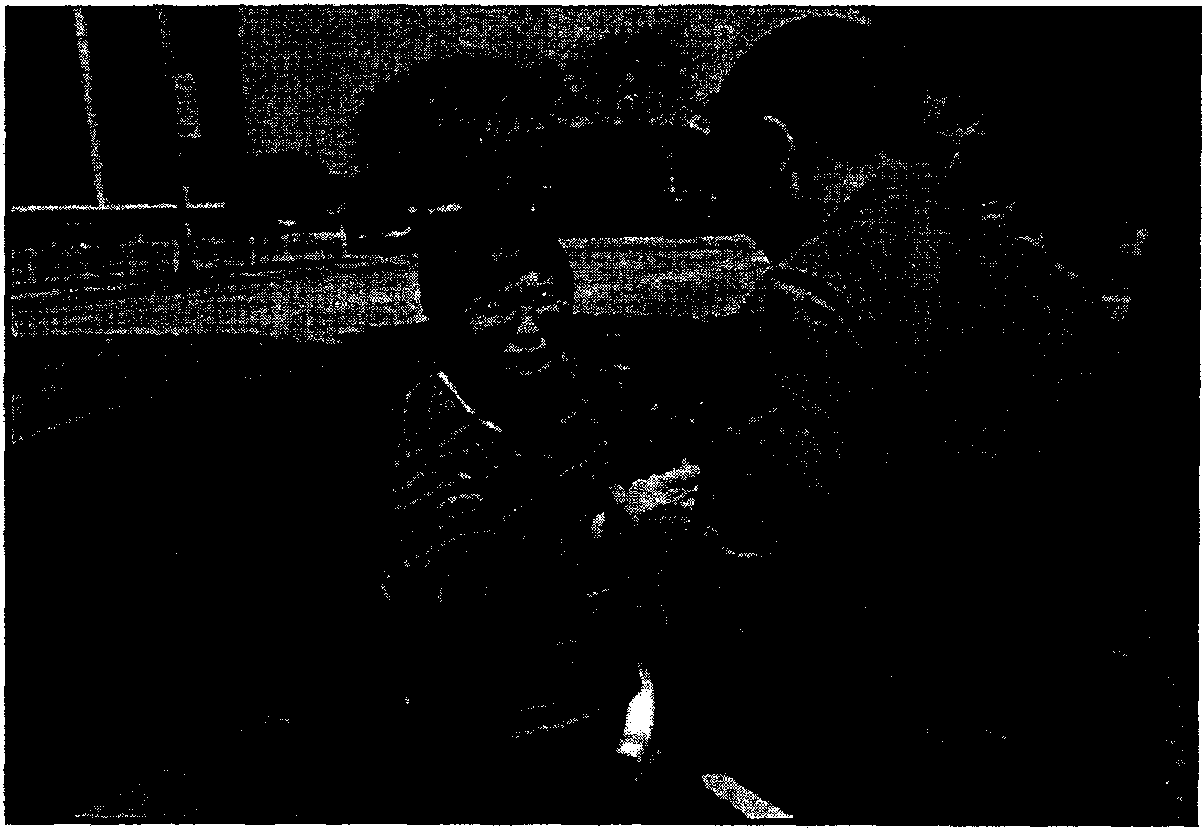
Replace automatic transmission fluid if using petroleum. Change filter and dean

Source: [www.theworkshop.net](http://www.theworkshop.net/)

A-31

Seals *Creating solutions, changing lives.*

u.



**Transportation Solutions for Caregivers:**

***A Starting Point***

A-32

# 1

**Introduction**

*Easter Seals' Transportation Solutions for Caregivers*

Caring for an older adult is often as challenging as it is rewarding and can affect both work and family life. Transportation can be especially taxing and time consuming. According to an AARP survey of family caregivers {1997), eight out of ten caregivers reported helping with transportation.1 In a survey on community transportation by AARP

{1997), two thirds of non-drivers who were surveyed reported getting rides from family and friends to get where they need to go.2

The difficulties encountered in the area of transportation, such as handling a wheelchair or other assistive device, agitation, and distracting behaviors, may cause some family caregivers to stop transporting their loved ones or only transport them for the most essential appointments. Over time, this can lead to frustration and eventually isolation for both family caregivers and their loved ones.

Family caregivers often rely on trial and error to solve their transportation challenges. This booklet and accompanying video provide tips and safe, creative solutions, devised by both family caregivers and professionals, that are designed to ease transportation challenges.

Although transporting an care receiver who requires physical assistance or has dementia can present a challenge, it doesn't have to be a struggle. Often, caregivers must try multiple strategies and find that what works today, may not work tomorrow. However, there is almost always a solution and a way to make every car trip easier. Caregivers are also encouraged to seek out other people who are caring for older adults through local groups or via the Internet {see pages 15-20 for resources). Sometimes the best solutions to challenges are discovered through learning from each other's experiences.

A-33

2

**Communication**

*Interaction between you and the care receiver.*

Communication is the interaction between you and the care receiver that you are transporting. As a caregiver, you are often in a position to set the stage for good communication. The major obstacle to effective communication is our natural tendency to judge, evaluate, approve or disapprove of the statements or actions of another person. When communication becomes emotional, as it often does among family and people close to us, it is even more important to make an effort to stay calm. Remember that our tolerance and understanding can be limited by anxiety or frustration. J

**Principles of Good Communication**

* Use positive and helpful body language.
* Speak directly and clearly to the care receiver.
* Be patient.
* Allow plenty of time for a response.
* Do not interrupt.
* Keep directions simple by explaining them one step at a time.
* Use easy to understand language.
* Don't overwhelm the person with too much information.
* Be calm, or at least attempt to appear calm.4
* Empathize. Try to put yourself in his/her place, so that you can see their point of view.
* Avoid argument and criticism. This puts others on the defensive.
* Ask questions. Encourage the care receiver to talk and show that you are listening. s

A-34

3

**If the Care Receiver Has A Hearing Impairment:**

* Face your passenger when you speak.
* Lower the pitch of your voice.
* Do not over-articulate.
* Rephrase your statements for clarity.
* Allow enough time for a response.
* Don't shout. Shouting raises the pitch of your voice. Older people more often lose the ability to hear higher pitches than lower pitches

4

**Sensitivity**

*Understanding the changes associated with aging*

Older persons are not disabled because they are old. However, the aging process may result in disabling conditions.7 These conditions may reduce physical strength and stamina, so it is important to try to be understanding and patient. It helps to be aware of the changes associated with aging when caring for an older adult. Many of the human body's functions are affected by aging, such as problems with vision, balance, and pain, and can create transportation challenges.

**Vision Impairment**

When transporting someone with a vision impairment, it is good to explain exactly what you are doing and why. If he uses a cane or dog guide, always lead by standing on the opposite side of the cane or the dog and stay one-half pace ahead. Ask if he would like assistance before providing it. If possible, have him exit from the non-traffic side of the car, and try to be specific when giving directions on the first visit to a location (i.e. to your right/left, approximately 100 feet, etc.)

**Problems with Balance**

Loss of muscle strength and coordination, arthritis in the knees and ankles and changes in the inner ear all hinder balance-especially as people age. This can make getting in and out of a car and positioning in the car difficult. Allow someone who has problems with balance plenty of time to enter and exit the car. It may take a few extra seconds for him to gain balance when moving from a sitting to standing position.9

A-36

5

**Pain**

Older adults experience pain from a multitude of conditions - some short term, some periodic, and some chronic or long term. For example, people with joint pain, such as arthritis, may find it painful to enter and exit a vehicle. To be sensitive to this, give your passenger extra time and provide assistance with a gentle touch. Additionally, people with dementia can become agitated due to pain, especially if they cannot verbally communicate what they are feeling. If asked a yes or no question about this, they may be able to tell you whether they are experiencing pain.1°

**Seizure Disorders**

Seizure disorders, such as epilepsy, are not necessarily age related. However, older persons can have seizures secondary to certain age related conditions or diseases. The Epilepsy Foundation of America offers the following recommendations for handling a grand mal seizure:

* Do not try to restrain. Let the seizure run its course.
* Clear the area around him and try not to interfere with any

movements.

* Don't force anything between his teeth. If his mouth is already open, you can place a soft object such as a handkerchief between his side teeth.
* Call a doctor if it is followed almost immediately by another major seizure or if it lasts for more than ten minutes.
* When the seizure is over, let him rest if needed. 11

A-37

6

**Preventing Agitation**

*Strategies to reduce agitation*

While empathizing with care receivers fosters good communication, it also can prevent agitation. The following are some tips to help reduce agitation:

* + Encourage reminiscence. Recognize that repetition can suggest important feelings about certain topics and, ask about the feelings behind the memories. Sharing memories can be a rewarding experience for both you and the care receiver. 12
  + Try to be patient and not rush the care receiver. He may not understand what is happening and could become agitated. Be mindful that body language often speaks louder than words and that he will likely respond to your body language.
  + When you are going to a new place for the first time, try to call ahead and find out which entrance to use. This way you can avoid getting in and out of the car multiple times. 13
  + The environment of the vehicle can be a cause of agitation, especially if the person whom you are transporting cannot communicate discomfort. Assess the temperature, keep the vehicle clutter-free and try to reduce glare on bright days.14
  + Be prepared with relaxing *music,* sunglasses, photos or food *in*

case they are needed during the ride.

* + Suggest that the care receiver use the bathroom before each trip. Having to use the bathroom during transport can cause agitation- especially if one cannot express this verbally.
  + Avoid arguing with the care receiver whenever possible. It is often less frustrating to try to go along with what he believes than trying to convince him of what is really happening. 1s

A-38

7

* + When communicating with an older adult with Alzheimer's disease or related dementia, it is important to stay calm. Their behavior is often a reflection of your own.
    - Speak clearly in a calm and respectful tone of voice.
    - Make eye contact whenever possible.
* Give brief, clear directions (step by step if necessary) to avoid confusion. This may need to be approached in different ways until you find what works best
* Show the care receiver what you would like him to do.
* Avoid asking the questions, “Do you understand?" and "Don't you remember?" Such questions can be frustrating and embarrassing to the care receiver.

A-39

8

**Dealing with Agitation**

*There are ways to handle agitation if it does occur.*

Agitation or the attempt to leave the vehicle may be the result of a desire to meet former obligations that no longer exist, lack of awareness of current surroundings while desiring to perform another task, or an inability to communicate basic needs.1s If the care receiver becomes agitated, resistive or argumentative because of a belief that he should be going somewhere other than your destination, it is often helpful to agree and act as if you are going along with his plan - even use it as a discussion topic - while you actually are proceeding with your original plan and destination.

This approach, as opposed to arguing, disagreeing or re­ orientating, is called "validation. • In other words, you are validating the care receiver's beliefs, leading to more cooperation.17 For example, ask the care receiver why he does not want to get in. If he can tell you what he believes is happening, "validate" his belief by going along with the story and incorporating the need for the car ride into the story. This is usually more effective than arguing with someone with dementia, as they may not have the ability to understand the reality of the situation even after many attempts on your part.

If your family member becomes agitated or resistive while attempting to enter the car or during the ride, try to determine the cause of agitation - especially if it might stem from a situation that happened prior to getting in the vehicle. Next time, you could try going for a brief walk together before entering the car, allowing time for him to calm down. Sometimes agitation can stem from forgetting how to enter the car. Patience and simple directions may be enough to diffuse the situation.

A-40

9

Seat the care receiver in the rear passenger side seat so that the steering wheel is out of reach and he is not directly behind you. This way you can avoid being startled from behind when you are driving.

If your car has child safety locks, it’s always a good idea to have them on - allowing the rear door to be opened only from the outside. This will ensure that the door cannot be opened by the care receiver while the car is moving. Using a seat belt buckle cover {listed on page 15 of this booklet) can discourage unbuckling the seat belt during your ride.

If agitation persists during the ride, try playing relaxing or favorite music. Also, it may be helpful to offer an activity such as a photo album of family {e.g., good conversation starter), a book, candy, or a magazine to decrease agitation or distracting behaviors.

A-41

# 10

**Providing Physical Assistance**

*When helping the care receiver,* use *proper body mechanics*

Whether helping a care receiver into the car, transferring from a wheelchair to the car, or handling a wheelchair {or other device such as a walker), it is important to use proper body mechanics. Most muscle strain injuries to both the caregiver and care receiver are preventable.

**Body Mechanics**

* + Plan the lift -check the area for slippery spots or possible tripping hazards. Wearing appropriate footwear, non-skid heels and soles will be safer for both you and to the person whom you are assisting.
  + Use proper stance - spread your feet to a width that feels

comfortable to you, usually shoulder's width apart.

* + Keep your head and upper body as upright as possible.
  + Lower your hips to the height of the object you intend to lift by bending your knees and hips rather than your back.
  + Carry weight as close to your center of gravity as possible.
  + Get close to the object you plan to lift. Bear weight on your forearms rather than your hands.
  + Lift with your legs.
  + Do not attempt to lift with your back alone.
  + When lifting, do not rotate your spine, shift the position of your feet to turn {pivot).
  + Know your limits.
  + Push or pull an object instead of lifting whenever you can. 1s

A-42

11

**Wheelchair Transfers**

When transferring and positioning from a wheelchair to a car:

* Have the person you are helping wear a gait belt, if one is available. (listed on page 15 of this booklet).
* Open the car door.
* Stand with your back to the inside of the car door and pull the wheelchair toward you - between the car door and seat.
* Talk the care receiver through the transfer process step by step so that he can assist if possible.
* Hold on to the gait belt and help him to a standing position -

using your legs to pull up for strength.

* Have the care receiver lean weight forward toward you and put his arms around your shoulders (not your neck), if possible.
* Carefully pivot yourself and the care receiver so that his

backside is toward the inside of the car.

* Help him sit on the seat with his legs still out of the car- be careful that his head clears the door frame while he is sitting down.
* Once sitting and given a moment to gain balance, help move his legs into the car (a swivel cushion is helpful for this and is listed on page 16 of this booklet).
* Assist with the seat belt and close the door before going to the driver’s seat.

**Positioning**

Make certain that the care receiver's seat belt is securely fastened while in transit and that he does not unfasten it until the vehicle has come to a complete stop. Provide assistance when he enters or exits the vehicle, but do not make him feel rushed. Give the care receiver extra time to do what is needed.

A-43

# 12

If your family member has had a stroke and has right-sided or left-sided hemiplegia, weakness or neglect, seat his affected side nearest the door (i.e., if left sided weakness, seat on driver-side of back seat). This can aid with balance and allows you to position the weak side into the car and also encourages the care receiver to assist. The seat belt with shoulder strap can be of great help with balance in the back seat. It may also be beneficial to keep a pillow in the car for positioning.

It can be difficult to assist someone who has had a stroke or has limited movement or understanding to get positioned comfortably in the car, especially if he cannot assist. A few helpful ideas:

o Have the care receiver wear a gait belt for a secure place for you to hold while assisting.

* Use a swivel cushion (listed on page 16 of this booklet) to make it easier to swing his legs in while in a sitting position on the car seat.
* Place a towel on a plastic bag on your cloth seat or directly on your leather seat. Then, help the care receiver sit on the towel covered seat. Next, go to the other side of the car and pull the towel toward you to slide him further into the car. Finally, pivot his legs into the footwell of the car.

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**Resources for Caregivers**

*Helpful Products, Web sites, Assistive Devices and Equipment*

**Helpful Products, Assistive Devices and Equipment:**

Beasy Transfer Board

Transfer from a wheelchair to a car without lifting. [www.dynamic-livinq.com/beasy](http://www.dynamic-livinq.com/beasy) transfer board.htm

CarCaddie TM

Support as you get out of the car. [www.dynamic-living.com/car](http://www.dynamic-living.com/car) caddie.htm

Chair Topper®

Automatically folds and stores a conventional folding wheelchair inside a watertight, fiberglass cover that mounts on top of your vehicle. [www.braunlift.com/pages/consumer/1700x.html](http://www.braunlift.com/pages/consumer/1700x.html)

Companion Seat ™

Helps people who have difficulty walking to get into the front passenger

seat of Chrysler, Ford and GM minivans. [www.braunlift.com/pageslconsumer/chrysler.html](http://www.braunlift.com/pageslconsumer/chrysler.html)

Child Resistant Seat Belt Buckle Guard TM

Reduces the chance of unbuckling seat belt while vehicle is moving. [www.gadjits.com/Buckleo/o20guard.htm](http://www.gadjits.com/Buckleo/o20guard.htm)

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# 14

Gait/Transfer Belt

Assists in safe transfer and ambulation while helping reduce caregiver back injuries.

[www.posey.com](http://www.posey.com/) (click Products and then click Therapy Aids)

"HIDE & RIDE": Interior Car, Truck or Van Lift

Lifts scooters into the trunk of a car, truck or minivan. [www.scooterone.com/scooter](http://www.scooterone.com/scooter) lifts/Hide&Ride/hide n ride lift.htm 800.229.1317

lnvacare© "Rollite• ™Rollator Lightweight design with a flip-up seat.

[www.invacare.com](http://www.invacare.com/) (Search Rollite Rollator)

lnvacare© "Spyder" ™Wheelchair Compact, lightweight wheelchair.

[www.invacare.com](http://www.invacare.com/) (Search Spyder Wheelchair)

The LiftVest TM

Helps solve problems associated with transfers from a wheelchair to a car. [www.littvest.com](http://www.littvest.com/)

800.300.5671

Mobility Seat ™

This car seat replaces your vehicle's original seat with both a manual

seat base and an upholstered seat that rotates and extends out the passenger or driver-side door to make entrance or exit easier. [www.braunlift.com/pages/consumer/mobilityseat.html](http://www.braunlift.com/pages/consumer/mobilityseat.html)

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"Rise and Ride"

A full feature lift with a self-folding and unfolding platform.

[www.scooterone.com/scooter](http://www.scooterone.com/scooter) lifts/Rise%26Ride/rise n ride lift.htm

Swivel Seat Cushion

Works as a "Lazy Susan,• making it easier to swing legs into car after sitting. [www.dynamic-living.com/swivel](http://www.dynamic-living.com/swivel) cushion.htm

Tilt and Tate Wheelchair Carrier

The tilt-n-tote wheelchair carrier is designed to carry your standard

folding wheelchair.

www.discount-wheelchair-ramps-wheelchair scooter carriers.htm

888.651.3431

Transport Chair

Lightweight, easily foldable travel wheelchair. [www.dynamic-living.com/transport](http://www.dynamic-living.com/transport) chair.htm

**Helpful Web sites**

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

The Alzheimer's Association's mission is to help. Their site is your gateway to a wealth of Alzheimer's related information. 800.272.3900

[www.aoa.gov](http://www.aoa.gov/)

U. S. Department of Health and Human Services, Administration on Aging's web site. It is a great source for information on aging. [www.aoa.gov/careaivers/default.htm](http://www.aoa.gov/careaivers/default.htm)

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# 16

[www.blvd.com](http://www.blvd.com/)

Disability Resource Center: A Directory of Products and Services for the Elderly, Caregivers, Healthcare Professionals and People with Disabilities.

[www.caregiving.com](http://www.caregiving.com/)

Solutions to your caregiving situations throughout your caregiving years.

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

National Alliance for Caregiving: A national resource for caregivers dedicated to providing support to family caregivers and the professionals who help them and to increasing public awareness of issues facing family caregiving.

[www.discountramps.com](http://www.discountramps.com/)

Large selection of ramps, carriers, and loading accessories for your truck, wheelchair, motorcycle, van, ATV, scooter, and tractor.

[www.dlf.org.uk](http://www.dlf.org.uk/)

Disabled Living Foundation: Solutions for Independent Living. As a national UK Charity, it is their vision is to provide a·· choice for people who use equipment to live a more independent life.

[www.dynamic-livinq.com](http://www.dynamic-livinq.com/)

Offers hundreds of kitchen products, bathroom helpers and unique daily living aids that promote a convenient, comfortable and safe home environment for people of all ages.

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[www.eldercare.gov](http://www.eldercare.gov/)

Eldercare Locator helps older adults and their caregivers find local

services for seniors. 800.677.1116

www .easter-seals.org

Visit this web site to learn more about how Easter Seals helps children and adults with disabilities and their families.

800.221.6827

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

The National Family Caregivers Association (NFCA} is a grass roots

organization created to educate, support, empower and speak up for the millions of Americans who care for chronically ill, aged or disabled loved ones.

[www.nhtsa.dot.gov](http://www.nhtsa.dot.gov/)

Offers brochure "Adapting Motor Vehicles For People With Disabilities" and other important vehicle safety information.

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

National Mobility Equipment Dealers Association, 900 East Skagway Avenue,

Tampa, FL 33604

800.833.0427

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

Funded through a cooperative agreement with the Federal Transit Administration, Easter Seals Project ACTION promotes cooperation between the transit industry and the disability community to increase mobility for people with disabilities under the ADA and beyond. 800.659.642 (Voice)

202.347.7385 (TDD)

Sources for Assistive Devices and Adaptive Equipment

Assisted Living Store, Inc.

Products include kitchen tools, dressing aids, telephone amplifiers, bed

rails, garden tools and more. [www.assistedlivinqstore.com](http://www.assistedlivinqstore.com/)

Dynamic Living

Full range of products for activities of daily living and leisure. www.dynamic-living .com

Hall's Medical Center: Auto Manufacturers' Mobility Programs

Details reimbursement for installing adaptive equipment for GM, Saturn, Ford, and Chrysler. [www.hallsmedicalcenter.com/bruno/brunoprod.php3?dep=1](http://www.hallsmedicalcenter.com/bruno/brunoprod.php3?dep=1) &sec1=1&pr od=proorams.txt

Independent Living Aids, Inc.

Products include clocks and watches, cooking aids, games and recreation aids, magnifiers and personal care items. [www.independentliving.com](http://www.independentliving.com/)

800.537.2118

A-so

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Independent Living Products

Full range of products for activities of daily living and leisure. [www.ilp-online.com](http://www.ilp-online.com/)

800.377.8033

Resources for Caregivers

A list of links to web sites about caregiving resources and support. [www.makoa.org/careaiver.htm](http://www.makoa.org/careaiver.htm)

Scooter Discounters

Electric scooters by scooter discounters offers electric scooters, scooter lifts, ramps, gentle lift recliners, batteries.

[www.scooterone.com](http://www.scooterone.com/)

Solutions for Better Aging: Shopping

A department store at your fingertips--clothing, personal care, nutrition, aids for daily living, mobility equipment and more to make you more comfortable, safer and healthier.

[www.careaivers.com](http://www.careaivers.com/)

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Washington, DC: AARP, 1997.

1. Community Transportation Association. PASS: Passenger Service and Safety Certification. Washington, D.C.: Community Transportation Association of America, 1996.
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6 Szuch, Larry and Jodi Mount. ICARE - Interfaith Companion and Ride Express- Volunteer Training Manual. ICARE: Decatur, GA.

7 Paratransit Insurance Corporation. Drivers Safety Course: Passenger Awareness- Student Text. Gold Country Telecare, Inc.: Grass Valley, CA.

8 Trading Places: Assisting Passengers with Special Needs. Kansas RTAP Driver Training, September/ October 2000

91bid.

10 Paratransit Insurance Corporation. Drivers Safety Course: Passenger Awareness- Student Text. Gold Country Telecare, Inc.: Grass Valley, CA.

21

11 Trading Places: Assisting Passengers with Special Needs. Kansas RTAP Driver Training, September/October 2000.

1. West Austin Caregivers. Volunteer Manual. Austin, TX
2. Paratransit Insurance Corporation. Drivers Safety Course: Passenger Awareness- Student Text. Gold Country Telecare, Inc.: Grass Valley, CA.
3. Ibid.
4. ·validation: A Special Way of Caring." Ageless Design. 02 July 2002. [www.agelessdesign.com/nl9909-forthecaregiver.htm.](http://www.agelessdesign.com/nl9909-forthecaregiver.htm)
5. Ibid.
6. Ibid.
7. Community Transportation Association, PASS: Passenger Service and Safety Certification. Washington, D.C.: Community Transportation Association of America, 1996

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Although the information and recommendations contained in this publication have been compiled from sources believed to be reliable, Easter Seals makes no guarantee as to, and assumes no responsibility for, the correctness, sufficiency or completeness of such information or recommendations. Other or additional safety measures may be required under particular circumstances.

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**Special Thanks To:**

United States Department of Health and Human Services, Administration on Aging

Alzheimer's Association Federal Transit Administration

The National Council on the Aging Faith in Action

AARP

Beverly Foundation

Community Transportation Association of America National Highway Traffic Safety Administration Easter Seals Project ACTION

National Association of Area Agencies on Aging

National Family Caregivers Association National Association of States United on Aging

v. **EasterSea ·** .......

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**800.221.6827**

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Hands of Grace/Faith in Action is...

A coalition of faith communities and social service agencies united to give volunteer sup­ port to Fulton County residents who are

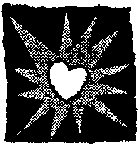
frail, elderly and/or disabled. These services are provided through volunteer assistance and/ or the Hands of Grace Centers, which provide respite care and socialization.

**Part of the Faith in Action national movement supported by The Robert Wood Johnson Foundation.**

How we are funded ...

**Funding from United Way of Fulton County and the Toledo Community Foundation.**

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**Hands of Grace/Faith in Action**

**6500 US 20A Suite C**

**Delta, OH 43515**

**419-822-3556**

**1-800-341-1701**

**Fax 419-822-3924**

[**handsgrace@fulton-net.com**](mailto:handsgrace@fulton-net.com)

**For more Information and applications, go to our web site:** [**www.fulton-net.com/**](http://www.fulton-net.com/) **-handsgrace**

Member Congregations

Archbold United Methodist Church Beulah United Methodist Church Central Mennonite Church

Church of the Master UMC

Christ United Methodist Church Delta Assembly of God Delta Church of Christ

East Chesterfield Christian Church

Faith Lutheran Church, Metamora Fayette Church of the Nazarene Fayette United Methodist Church First Baptist Church, Delta

First Christian Disciples of Christ Church

First Universalist Church Holy Trinity Catholic Church Lyons Christian Church

New Horizon Community Church Our Lady of Fatima Catholic Church Our Lady of Mercy

Pettisville Missionary Church Shiloh Christian Union Church St. Caspar Catholic Church

St. John's United Church of Christ St. Peter's Catholic Church

St. Richard's Catholic Church Swan Creek Community Church Swanton Church of the Nazarene Trinity Lutheran Church, Delta Trinity Lutheran Church, Wauseon Trinity United Methodist Church United Methodist Church of Delta West Clinton Mennonite Church

West Franklin United Methodist Church Winameg Christian Church

Zion Mennonite Church Zion United Methodist Church

Member Agencies Approved Home Health Caring Home Health Services

Community Health Professionals

Delta Community Outreach Fulton County Health Center

Fulton County Health Department Fulton County Veteran's Services

Heartland Horne Health Care and Hospice Lutheran Social Services

Maumee Valley Guidance

Shalom Ministries

**Touch the lives ofthosein Fulton County**



**Volunteer**

**with**

**Hands of Grace/**

**Faith in Action**

**We welcome YOU to join the volunteer outreach ministry of Hands of Grace/Faith in Action**

**Hands of Grace Services**

*'<* Transportation

***>I*** Respite for caregivers

*'<* Home repairs

*'<* TLC telephone calls

*'<* Meal preparation

>

*'<* Light housework

I

***>I*** Friendly visits '< Yard work

***>I*** Shopping

*>* Errand service

*'<* Personal business work

*'<* Grooming and dressing assistance

*'<* Laundry and linen washing

**Other ways to help out**

> Tell others about us

*>* Help in the office

*>* Share your expertise on a committee

*'<* Send cards to the homebound

*'<* Share a craft or talent at the Hands of Grace centers

***>I*** Write articles for the newsletter

**Who We Serve**

Hands of Grace serves the frail, elderly and disabled in Fulton County by offering volunteer outreach services and two adult day centers. Hands of Grace offers services regardless of gender, race, income or religious affiliation. The request may be referred to an agency. If an agency is not available to meet the need, we arrange for a trained Hands of Grace volunteer to do so. There is no charge for volunteer services. There is a modest suggested donation for participating in the adult day centers.

**The Volunteers**

Volunteers are neighbors helping neighbors with a desire to reach out to those around them. Our volunteers are:

., compassionate, caring people who share a commitment to helping others

.. male and female

., from ages 9 to 90

.. from all walks of life

.. share the same goal... to make a positive contribution to someone else's life.

**There are unmet needs in Fulton County that YOU can meet. Hands of Grace/Faith In Action needs you to help reach those in need.**

**There is a volunteer opportunity for**

**EVERYONE.**

**Experience and Skills Needed**

***>I*** Your unique life experience is your greatest asset.

***>I*** Your skills, both special and ordinary, will be carefully matched with a

care receiver's needs.

*'<* Each Hands of Grace volunteer takes comprehensive training to prepare them to serve.

*'<* Given the opportunity for specialized training through periodic training modules.

**Hands of Grace Volunteers ...**

*'<* decide which services they will provide

***>I*** tell us when, where and how often they will serve

*'<* find joy and satisfaction by putting their faith into action and serving others

**To become a Hands of Grace volunteer caregiver, please call the Hands of Grace office at**

**419-822-3556 or 1-800-341-1701.**

**We look forward to helping you fulfill your desire to serve others.**

here are over 1,200 Faith In Action projects in the United States. Faith In

**OUR MISSION** T

Action In Red Wing:

+ To provide aid to the elderly, or those in difficult life circum­ stances, via a group of trained volunteers.

+ To locate volunteers through

a coalition of area faith congre·

gations, organizations, and the community at large.

+ To work with, and in referral to, local social service agencies.

I

>

* Is a non-profit network of volunteers gathered through our local faith congrega· tions and from the community at large.
* Provides non-professional volunteer assistance to the elderly and others in difficult life circumstances.
* Has a project director, and is gov· emed by a Board of Directors.
* Will work with, and in referral to, our local healthcare providers, Social Services and Public Health agencies.

***WAD.* CIU 6** *?* • Is a volunteer organization, depen­

dent on grants, local financial support and

**Providing aid to**

**y** Neighbors helping neighbors, reaching out in their congrega· tions and in their community.

**0** Generous, caring people who share a responsibility for help­

ing others.

**u** Trained men, women, and young adults who give non­

medical support for people in

fundraising events for Its operating bud­ get.

* + Will not charge for any services performed.
  + Will attempt to meet all requests when there are volunteers available.

**Unlbedway**

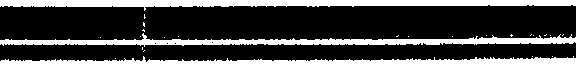
**the elderly**

&

Those with difficult life circumstances

**I Volunteer Opportunities SJ**

need. **1407 West 4th Street**



**Red Wing, MN 55066**

**651·385-3290**

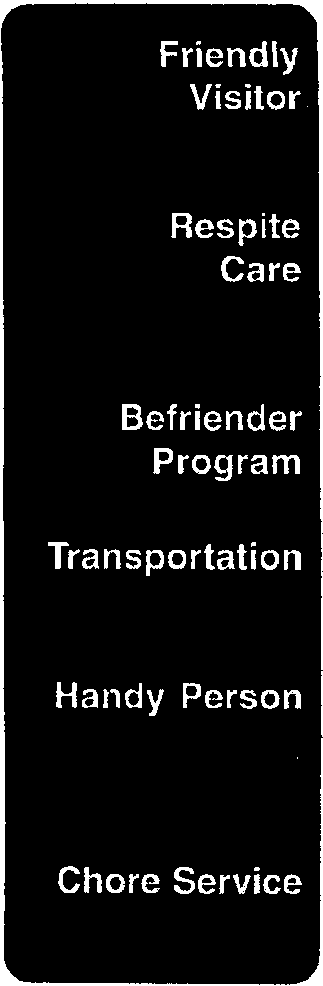
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I

I

: I would like to assist in the following

areas:

Volunteers visit the carereceivers in their homes. The purpose is to provide socialization, and reduce isolation and loneliness. Visits are approximately one hour once a week.

Volunteers provide 2-3 hours of relief, allowing full-time caregivers time to attend a support group meeting, do some shopping, make appointments, or just get a breath of fresh air.

Volunteers provide a listening presence to those in transition or

I

I a Friendly Visitor

a Respite Care

a Befriender

a Transportation

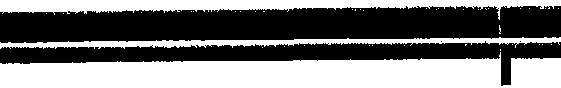
a Handy Person or Chore Service

I would like to volunteer or learn more about being a volunteer.

distressed circumstances. Name:

>

I



Volunteer drivers transport and escort participants to local medical, dental, legal, social service or other appointments.

Volunteers provide assistance with small home repairs, maintenance and wheelchair ramp construction. Tasks are usually completed in one or two visits. The participant pays only for needed parts, etc.

Many volunteers participate in a leaf removal day in the fall and in spring cleaning.

Volunteers will receive training before service can be provided for those In need. Faith In Action will supply additional insurance coverage for volunteers.

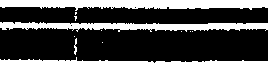
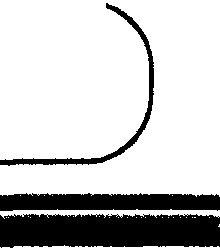
Address \_

Phone Church \_

Please mail to:

Faith In Action 1407 West 4th Street Red Wing, MN 55066

or



Call: (651) 385-3290

Fax: (651) 385-3291

E-mail: [fia@redwing.net](mailto:fia@redwing.net)

##### Volunteer Driver Application

**PLEASE PRINT**

This application will be used to establish your eligibility as a volunteer driver for the (Sponsoring Organization). The information you provide helps us assure you, this organization, and the public that the highest standards of safety and accountability are maintained. We appreciate your cooperation and interest in our volunteer driver program. Return completed application to the (Sponsoring Organization) Transportation Coordinator.

**All applicants must read and signed in the signature block on Page 2.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full Name: |  | | | | | |
| Address: |  | City: |  |  | State: Zip: |  |
| If less than 2 years at this address, Phone: | previous address: Fax: | Email | @ |  |  |  |
| Date of Birth: | Wk. Phone: | Social Security Number: |  | *I* | *I* |  |

Employer: 1 Job Title:

Work Address: City: State: Zip *Code:*

Supervisor: I Supervisor's Phone:

Do you have a current and valid State Driver's License? (please attach a copy) Yes No

*If no, please explain:*

How long have you had a driver's license? Years: Months

Driver's Ucense Number: IExpiration Date:

If ficensed in (Washington} State less than five years, list licenses previously issued:

*License NumbedStale: /Jcense NumbedStale:*

*Ale* there any restrictions on your driver's license? Yes No

*If teslticled, stale type 8lld* dale *of restriclion:*

Have you ever had your driver's ficense suspended, revoked, or refused? Yes No

*If* yes, *please explain:*

Name of Your Automobile Insurance Company (please attach a copy of insurance card}:

Has an insurance company ever refused, cancelled, non-renewed, or given notice of intention to non-renew automobile insurance to you? No Yes, Cancelled Yes, Refused Yes, Non-renewal

*If yes, please explain and list company and agent name 8lld phone:*

*Dale: Reason:*

***OVER***

##### Volunteer Driver Application (Cont.>

Source: Agency Council on Coordinated Transportation. *Volunteer Drivers: A Guide to Best Practices.*

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|  |  |  |  |
| --- | --- | --- | --- |
| Have you been convicted during the last 10 years of driving while intoxicated or under Yes No the influence of drugs? *If* yes, *please explain (date, jurisdiction, etc.):* | | | |
| *Indicate all moving violations or citations (other than parking) that you have been convicted of, forfeited baH, or paid any* fines *for during the past 3 years. Please give full details, including dates, below. If more* space is *needed, use* a separate sheet. | | | |
| A | Date: I Time: I Location (City and State): | | |
| Conviction: | | |
| If speeding, legal limit I Your speed: I Amount of Fine: $ | | |
| Remarks: | | |
| B | Date: I Time: I Location (City and State): | | |
| Conviction: | | |
| If speeding, legal limit IYour speed: I Amount of Fine: $ | | |
| Remarks: | | |
| *List all motor vehicle accidents of any type or cause that you, either* as *owner* or operator, *have been involved in during the last 5* years. | | | |
| #1 | Date: ITime: | Driver: | Violation: |
| Who was at fault? | Damage to your vehicle? | Amount$ |
| Bodily injury? | Damage to other property? | Amount $ |
| Description: | | |
| #2 | Date: I Time: | *Driver.* | Violation: |
| Who was at fault? | Damage to your vehicle? | Amount $ |
| Bodily injury? | Damage to other property? | Amount$ |
| Description: | | |
| Have you completed the Essential Functions checklist? Yes No  *If* no. *please explain:* | | | |
| *This application* warrants a *criminal history background check, and/or verification of my motor vehicle record* as *authorized by my signature below.*  For *Drivers Only.* My signature below authorizes the (Sponsoring Organization) to obtain, at its discretion, my employment and non- employment driving record, including all actions that have taken place regarding the driver's license I now hold, *have* held, or in the future may obtain. It also authorizes the (Sponsoring Organization) to conduct a criminal history background check from the source of its choice. I further agree to any other conditions described herein. This release continues in effect as long as I continue to serve as a (Sponsoring Organization)  volunteer driver. | | | |
| Signature: 1 Date: | | | |

Source: Agency Council on Coordinated Transportation. *Volunteer Drivers: A Guide to Best* Practices.

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**Private Vehicle Registration:**

Name:

Address: -------------------------------Town:. Zip: \_

Phone: Fax: E-Mail:---------------- Vehicle{s) #1 Make: Year:. Air Bag/s: \_

Model:. Color: Seating: \_

License#:----------------------

#2 Make:. Year:. Air Bag/s: \_ Model: Color: Seating: \_

License#:--------------

Insurance Company:-----------------------------------

Insurance Agent:. \_

Address: -------------------------Town: Zip: \_ Telephone:. \_

I certify that I am currently insured through the above company for automobile liability insurance in an amount in excess of or equal to the minimum required under state law.

Further, I agree to forward a photocopy of my Proof of Insurance Card at each renewal period.

Further, I agree to immediately notify the (Sponsoring Organization) in the event that the above liability insurance is revoked, cancelled or altered in such a manner as to no longer meet the minimum vehicle insurance requirements for the state.

Further, I agree not to a transport any passengers as part of the volunteer driver program if these minimums liability requirements are not met or if my operator's license is not current and/or valid, or if the registration and license of the vehicle (s) Iuse to transport passengers is not current and/or valid.

Further, I certify that my vehicle(s) is in safe operating condition.

Further, I agree to hold harmless and indemnify the (Sponsoring Organization), the Manager, and the passenger{s) against any or all claims arising all or in part from my negligence.

Further, I authorize the (Sponsoring Organization) to make periodic checks of my driving and criminal record.

Signature:

Date: \_

Source: Agency Council on Coordinated Transportation. *Volunteer Drivers: A* Guide *to Best Practices.*

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Volunteer Driver Availability

Name:

Please check the boxes below for the days of the week you would be interested in volunteer driving, including weekends and holidays. If there are certain time periods in which you wish to volunteer, please note. If there are particular regular dates of the month you are not available then note them in the Comments section below.

|  |  |  |  |
| --- | --- | --- | --- |
| Day of the Week | Yes | No | Restricted Times of the Day or Daylight Only |
| Sunday |  |  |  |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
| Saturday |  |  |  |

Comments:------------------------------

The (Sponsoring Organization) attempts to estimate the approximate length of client appointments, but realize that doctors can request more tests or procedures. Please be patient and if you think that you are going to be short on time, do not accept the ride request.

In the space provided below, please list any trips that you may not be interested in accepting. As client medical information is confidential, the {Sponsoring Organization) is not routinely allowed to release the medical reason for appointments. However, the dispatch center will have this information.

Name: Signature:---------------- Date:-------

Source: Agency Council on Coordinated Transportation. *Volunteer Drivers: A Guide to Best Practices.*

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-,, VOLUNTEER APPLICATION

Name: \_ Address:

City: State: \_

Zip Code: \_

Daytime Phone:---------------- Date of Birth: \_

Evening Phone: ---------------

Mailing Address (if different from above): -------------------- City: State: \_ Zip Code: \_

**Part 1 - General Information Are you a member of a religious congregation?**

0 Yes (Specify congregation )

0 No

**Willing to assist:**

0 Only people from my congregation

0 Wherever needed

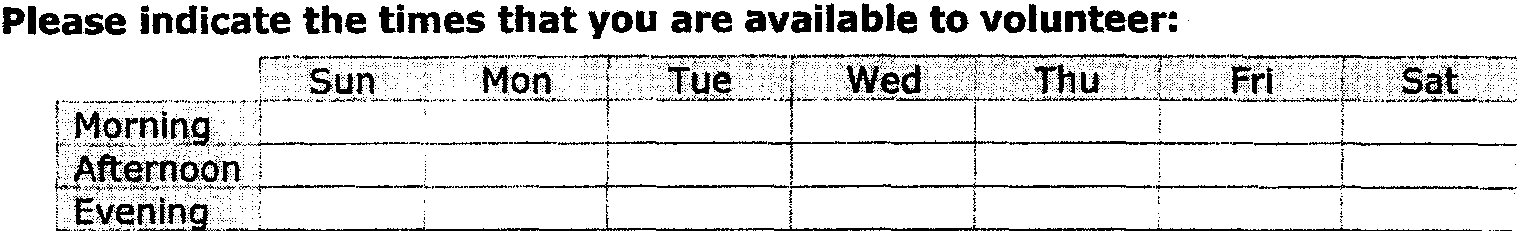
**Part 2 - General Information As a VINE volunteer I'd like to:**

0 be matched with one individual *I* family

0 be on call, knowing that I can say yes or no as my schedule permits

0 share specific talent *I* skill *(example volunteer driving, respite, yard work)*

0 help in whatever way I am needed



**I am a smoker**

0 Yes 0 No



VOLUNTEER APPLICATIOI\

**willing to visit a smoker**

Yes No

I **am allergic to pets**

Yes No

If yes, what type of pet?

**Volunteer Assignment Choices:** (Please check all you are willing to accept)

-

' **Help In The Home 1 Transportation**

* mail management ' (using your car)
* light housecleaning i o in town\*
* help with laundry i o out of town medical\*
* sewing ' o to congregation activities

I o errand running i \*Mileage reimbursement is available

o preparing meals

I **Chores ! Projects**

' o gardening ! o ramp building

o mowing : o moving (local)

: o raking ! o inside painting

* o snow removal : o outside painting

! o auto repair ! o major household organizing

i o inside home repair

' o outside home repair

Lo window washing

! **Respite ! Visiting**

I Q for an adult i o in-person

! o for a child i o by telephone

! **Organizational Help ! Office Assistance**

: o board of directors i o answering phones

l o help with fundraising ! o assist with mailings

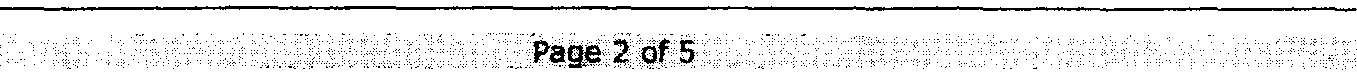
: o congregation coordinator i o computer data entry

\_.

------------ o photocopying.. \_

**What previous volunteer experience have you had?**

**Your Occupation** (past occupation, if retired)



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· E ---------------------V-O\_L\_U\_N\_T-EE\_R\_A\_P\_P-LI-C-AT\_I\_O N

Would you be willing to serve as a volunteer in your professional field?

0 Yes 0 No

Please share any other information that will help us to make a good match.

*(such as education, interests, special hobbies or skills)*

Other considerations

*(distance from home, preference for age or gender of carereceiver etc...)*

Part 3 - Background And References

Do you have a valid Minnesota driver's license? License Number

Insurance Policy Number

Agent's Name Agent's Phone No.

*Must have reliable vehicle to provide transportation*

0 Yes 0 No

 .. Page3ofS 

A-66

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, ..LN E, V\_O\_L\_U\_N\_TE\_E\_R\_A\_P-PL-1-CA\_T\_IO\_N\_

Have you ever been convicted for violation of any laws, traffic or otherwise?

0 Yes 0 No

If yes, please explain.-----------------------

Do you have any physical limitations that may limit your activities?

0 Yes 0 No

If yes, please explain.-----------------------

Who should we contact in case of emergency?

Telephone Number Relation to you

Reference 1

Name: \_

Address:

City/State/Zip: ------------------------

Home Phone: \_

Work Phone: ------------

Relation to you:---------------------------

Reference 2

Name:

Address: \_

City/State/Zip: ------------------------­

Home Phone:-----------

Work Phone: -----------

Relation to you: --------------------------

Reference 3

Name: Address:

City/State/Zip:-----------------------­

Home Phone: ------------­

Work Phone: ------------

Relation to you:-------------------------------



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VOLUNTEER APPLICATION

Part 4 - Service Learning Student Information School currently attending?

Class for which service learning is required?

Name of class instructor: Instructor's phone number:

Number of hours needing to be completed:

When must these be finished by?

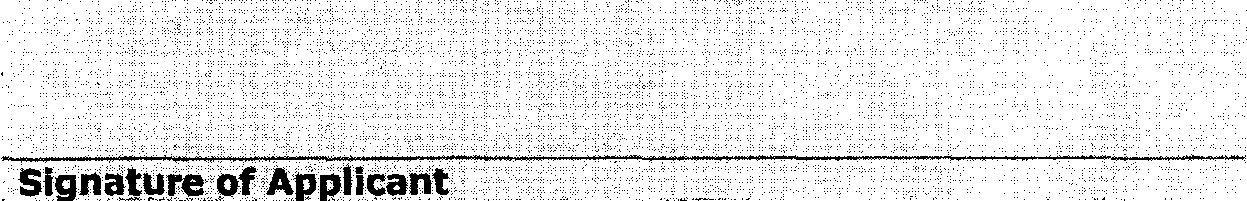
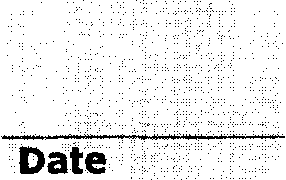
Are you interested in working as VINE volunteer after you have completed your class requirements?

Please share any special needs or interests you have during your service learning experience at VINE.

---- ---

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Once you have completed and signed this application please fax or mail to us:

Fax Address

(507) 387-5775 VINE

1618 Third Avenue

Mankato, MN 56001

FOR INTERNAL USE ONLY - Application Processing

Date of referral: /*\_j\_* Office processing: Computer entry:

0 by phone

0 vol/rec# \_

0 mailing list

0 in person

0 index card

0 data base

0 by mail

0 folder

Staff met individual on: / /\_ 0 initialed

Has been approved: 0 initialed



A-68

0 congregation# \_

**V 0 L U N T E E R T R A N S P 0 R T A T I 0 N D R I V E R (POV):**

**POSITION TITLE:** Volunteer Driver

**PURPOSE OF JOB:** To provide transportation requested to families or individuals to

help them access necessary services.

**DUTIES OF POSITION:** To be a careful and responsible driver.

To meet requests promptly as assigned.

To call immediately if unable to keep an assigned request. To report any problem stemming from a transportation assignment immediately.

**JOB QUALIFICATIONS:** Must have a valid driver's license and good driving record (Records will be checked).

Must have vehicle liability insurance policy at least at State minimums. Must maintain vehicle in good working condition.

Must have access to a phone.

Must have and use seat belts. Must require use of car seats for infants and toddlers. Car seats will be provided by the (sponsor organization).

Willing to have children and small adults ride in the back seat if passenger

side airbags are present and activated.

For the purpose of state insurance, volunteer status begins at the time the volunteer leaves his/her home or other point of dispatch.

**REQUIRED COMMITMENTS:** Must enjoy being with people and have desire to help with transportation of

individuals with needs for special transportation. Must follow volunteer Statement of Understanding.

**JOB BENEFITS:** Satisfaction of working with persons in need. Reimbursement for mileage at

the state's current rate and other out-of-pocket expenses.

Source: Agency Council on Coordinated Transportation. *Volunteer Drivers: A Guide to Best Practices.*

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**VOLUNTEER DRIVER STATEMENT OF UNDERSTANDING:**

The purpose of the volunteer driver is to provide safe and reliable transportation to and from essential services

(e.g. medical facilities, social services, nutrition sites, etc.)

Volunteer drivers in this program drive their own cars and may, or may not, be reimbursed for expenses incurred. Only expenditures that have been requested by the (Sponsoring Organization) will be considered for reimbursement. The (Sponsoring Organization) provides general liability insurance for the overall program and covers the volunteer driver with state medical insurance.

The rider being transported by a volunteer driver is a person who has been determined by the (Sponsoring Organization) to have no appropriate means of personal transportation available.

The following minimum insurance coverage is required by the State in the Code of WA (RCW 46.29.090):

$25,000 bodily injury, each person: $50,000 bodily injury, each accident: $10,000 property damage

I understand that I must meet these standards for motor vehicle insurance, policy or bond. My personal insurance is the primary liability protection and must be issued by a company authorized to do business in my state of residence.

I will provide proof of coverage of my vehicle insurance. In the event that my coverage changes or is canceled, 1 will immediately notify the (Sponsoring Organization) of such changes or cancellations.

I have had a valid driver's license for the past five (5) years. I will provide a copy of my valid driver's license. 1 understand that the (Sponsoring Organization) will be requesting a State Patrol Identification History Check.

I have had no at-fault vehicle accidents in the past three years and agree to have the (Sponsoring Organization) verify my driving record. I will notify immediately & provide the (Sponsoring Organization) with a copy of:

1.A report in the event I am involved in a vehicle accident.

2. Any traffic citation that I may receive while this agreement is valid.

I am physically capable of driving my vehicle safely and will not drive while using any drug that may affect my driving ability, either prescription or "over the counter". If requested, I will provide a statement from my physician stating that I am capable of participating in this program.

My vehicle is mechanically sound and is equipped with seat belts which I will use and enforce use by my passengers. Children age 12 & under will be placed in the rear of the vehicle & child restraint (seats chairs) will be properly used for all children under 3 years or 40 lbs. The (Sponsoring Organization) will provide appropriate child restraint equipment.

I will maintain all records required by the (Sponsoring Organization). I will not accept donations from riders, but will encourage riders to make any donation directly to the (Sponsoring Organization).

I will protect the riders right to confidentiality. I will also respect their right to pursue an independent lifestyle, and be non-judgmental in my interactions with them.

I have been provided with information about the (Sponsoring Organization), the purpose of the Volunteer Transportation Program, and my role as a driver and responsibilities.

I will notify the (Sponsoring Organization) at the time I no longer wish to be involved in this program. Either the (Sponsoring Organization), or I, may terminate this agreement at any time.

I have read and understand the above statements.

Signed:

Date: \_

Source: Agency Council on Coordinated Transportation. *Volunteer Drivers: A Guide to Best Practices.*

**DRIVER TRAINING CHECKLIST:**

Driver's Name:-------------- Driver Application Date: \_ DOB: Program Orientation Date: \_ Driver Type: Agency Vehicle: POV: Combination: \_

Insurance Confirmed: \_

**TRAINING COURSE DATE DATE DATE**

Pre-trip Inspections

Wheelchair Securement Training Road Experience Training/Testing Defensive Driving Course

4-Hour 8-Hour

Re-certification Disability Awareness

Aging Awareness Assisting Mobility Communication Skills

**ENHANCEMENT TRAINING**

CPR

First Aid

Customer Service Training

Source: Agency Council on Coordinated Transportation. *Volunteer Drivers: A Guide to Best Practices.*

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FAITH IN ACTION IN RED WING 1407 W. 4111 St.

Red Wing, MN 55066

Phone: 651-385-3290

BACKGROUND INVESTIGATION AUTHORIZATION AND RELEASE

Igive authorization to FAITH IN ACTION IN RED WING to conduct a brief criminal and traffic record check through Goodhue County Social Services and the Goodhue County Sheriffs Department. This record check may have to be completed before the volunteer assignment.

Name of volunteer: (PRINT)

First Middle Last Previous/Maiden Name(s)

Current Home Address: ----------------------

City State Zip Code

Date of Birth: \_ Social Security# ------------ Driver's License# ------------------------

Signature: Date:

First Middle Last

Parent Signature for Minor

Witness: Date:

First Middle Last

Social Services \_Yes \_No

Checked By:

Date:

Police/Sheriff Yes No

Checked By: Date:

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**VINE VOLUNTEER DRIVER REPORTING FORM**

Total Medical

Office Office

I Time Miles Miles

Date Code Rec.ID *t1* Person Transported Primary Destination Secondary Stop Additional Stops Spent Driven Driven

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | I  Office! Office | | PersonTranspor | ted | Primary Destination | .  Secondary Stop · | Additional Stops | Time Spent | Total Miles Driven | Medical Miles Driven |
| Code | Rec.IDfl |
|  |  |  |  |  |  |  |  |
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!'19T!!L1! .Clfllce staff will fill In Code and Receiver IHColumna, When transporting more than •- person on the same trip, list each lndividual on a new llna. Miles driven and U ne spent should be entered only once.

N rE\_ Medical miles are computed by logging the distance from your home to the medical appointment x 2.

>

I D! : Mileage reimbursement is available at the federal rate (36.5 cents/mile) for driven transporting 8111& Earth Co11nty carereceivers who are over the age of sixty or who are younger medical aulstence recipients.

Please Indicate your reimbursement wishes by checking the appropriate space and signing below:

Please reimburse me for the miles 1have driven

--·-- Please consider my mlleag as a donation to VINE and send me a receipt atthe end of the year.

Please reimburse me for my gas expense In the amount of$

"! T.' !fl Compute driving time from wllttn yo11 leave home 11ntll you retum Total Miles Driven

Total Hours Spent Driving:

!'I\_QJ.I\_I! M-1and parking relmbunement Ia aYallable for -•of to- driven. Please llat dates and •-ants of parking and meal expense below :

AND INCLUDE RE

TE MEAL AMOUNT PARKING AMOUNT DATE MEAL AMOUNT PARKING AMOUNT

-·

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*Kenosha Area Family and Aging Services, Inc.*

•. Volunteer Escort Program

/ 7730 Sheridan Road

Kenosha. VVI 53143

Phone: 658- 0237 ext. 119

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| RIDER: Client Smith | | | | | PHONE 555 - 2498 | | | |
| ADDRESS | | | | | STARTING DATE January 2, 2003 | | | |
| DESTINATION: DAYBREAK EAST | | | | | ENDING DATE: on-going mon thru fri | | | |
| DIRECTIONS:. 3556 -7'" AVENUE (The Domenican Building) Daybreak phone number is 555-8089. | | | | | | | | |
| Emergency contact is Son Smith 555-5844 (will assist volunteer in the morning) or Daughter Smith 555-3486  \_(sons-retired} | | | | | | | | |
| COMMENTS: (Client) is 93 years old and deaf and has some dementia. He lives with his daughter who works, he may need to be awakened if dozing: .The number for Daybreak East is 555-8089. | | | | | | | | |
| VOLUNTEER PHONES: | | | | | | | | |
| *OLSON* | 555-8925 | *MORRISSEY* | 555-1123 | *LARSEN* | | 555-2859 | *PETERSON* | 555-6217 |
| *PRINGLE* | 555-2517 | *CALKINS* | 555-7818 | *STADLER* | | 555-2472 |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| MONDAY | | TUESDAY | | WEDNESDAY | | THURSDAY | | FRIDAY | | |
| DATE | DRIVER | DATE | DRIVER | DATE | DRIVER | DATE | DRIVER | DATE | | DRIVER |
| 12/30/03 | FAMILY | 12/31/02 | FAMILY | 01/01/03 | STADLER/ | 01/02/03 | JUDY/ | 01/03/03 | | JUDY/ |
| 7:30/5:30 | 7:30/5:30 | 7:30/5:30 | LARSEN | 7:30/5:30 | FAMILY | 7:30/5:30 | | FAMILY i |
| 01/06/03  7:30/5:30 | PRINGLE  /MORRISSEY | 01/07/03  7:30/5:30 | OLSON/ MORRISSEY | 01/08/03  7:30/5:30 | STADLER  /LARSEN | 01/09/03  7:30/5:30 | OLSON/ FAMILY | 01/10/03  7:30/5:30 | | CALKINS/  I |
| 01/13/03 | PRINGLE | 01/14/03 | OLSON | 01/15/03 | STADLER | 01/16/03 | OLSON/ | 01/17/03 | | CALKINS/ |
| 7:30/5:30 | MORRISSEY | 7:30/5:30 | MORRISSEY | 7:30/5:30 | /LARSEN | 7:30/5:30 | PETERSON | 7:30/5:30 | | STADLER |
| 01/20/03 | PRINGLE | 01/21/03 | OLSON | 01/22/03 | STADLER! | 01/23/03 | OLSON/ | 01/24/03 | | CALKINS/ |
| 7:30/5:30 | MORRISSEY | 7:30/5:30 | MORRISSEY | 7:30/5:30 | LARSEN | 7:30/5:30 | PETERSON | 7:30/5:30 | | STADLER |
| 01/27/03 | PRINGLE | 01/28/03 | OLSON/ | 01/29/03 | STADLER! | 01/30/03 | OLSON/ | 01/31/03 | | CALKINS/ |
| 7:30/5:30 | MORRISSEY | 7:30/5:30 | MORRISSEY | 7:30/5:30 | LARSEN | 7:30/5:30 | PETERSON | 7:30/5:30 | | STADLER |
| 02/03/03 | PRINGLE | 02/04/03 | OLSON/. | 02/05/03 | STADLER! | 02/06103 | OLSON/ | 02/07/03 | | CALKINS/ |
| 7:30/5:30 | MORRISSEY | 7:30/5:30 | MORRISSEY | 7:30/5:30 | LARSEN | 7:30/5:30 | PETERSON | 7:30/5:30 | | STADLER |
| 02/10/03 | PRINGLE | 02/11/03 | OLSON/ | 02/12/03 | STADLER! | 02/13/03 | OLSON/ | 02/14/03 | | CALKINS/ |
| 7:30/5:30 | MORRISSEY | 7:3015:30 | MORRISSEY | 7:30/5:30 | LARSEN | 7:30/5:30 | PETERSON | 7:30/5:30 | | STADLER |
| 02/11/03 | PRINGLE | 02/18/03 | OLSON/. | 02/19/03 | STADLER! | 02/20/03 | OLSON/ | 02/21/03 | | CALKINS/ |
| 7:30/5:30 | MORRISSEY | 7:30/5:30 | MORRISSEY | 7:30/5:30 | LARSEN | 7:30/5:30 | PETERSON | 7:30/5:30 | | STADLER |
| JAN | 2003 |  |  |  |  |  |  |  |  |  |

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**Transportation Tips for Volunteer Drivers**

Transporting older riders can be a challenge, but does not have to be a struggle every time ...success is near.

* "The slower you go, the faster things get done"
* Give both yourself and the rider enough time
* Be patient
* Ask for help and new ideas from others
* Take your cues from the rider's behaviors
* Try to see things from the rider's perspective (it's harder for him to see from yours)
* Be prepared with an activity to offer during the ride
* Be mindful of your own body language
* Try to keep calm-especially your tone of voice
* Break tasks down into small steps; reintroduce steps when necessary
* Try different approaches on different days to see what works
* Seat riders with dementia in the back seat-passenger side-and be sure to have the child safety lock on
* If the person you are transporting has had a stroke, seat him with his affected side nearest the door
* Remember to use good body mechanics
* Don't give up
* Try and try again; each try is a step toward success

For more information about the caregiver toolkit or the Transportations Solutions for Caregivers project, please visit [**http://www.easter-seals.org/ntl\_trans\_care**](http://www.easter-seals.org/ntl_trans_care) or contact:

Kristine Cunningham or Lisa Peters-Beumer

Ph: 312.551.7152 • Email [kcunnlngham@easter-seals.org](mailto:kcunnlngham@easter-seals.org) Easter Seals • 230 W. Monroe, Suite 1800 • Chicago, IL 60606

*Funded by Administration on Aging's National Family Caregiver Support Program*

Hands of Grace Volunteer

Mileage Reimbursement Request

I understand mileage is reimbursed after I have traveled 20 miles in any month; at a rate of $.10 per mile.I wish to receive reimbursement.

c Name:

0 Address-:----------------------------------------------------

p City: --------------------

y

My total mileage is:

State: Zip:----

Month of Service:

Minus 20 miles: -20 miles

A

s Total Remaining miles:

X $.10 =

Executive Director Approval: Date:--------

N

E Hands of Grace Volunteer

Mileage Reimbursement Request

#### E

I understand mileage is reimbursed after I have traveled 20 miles in any month; at a rate of $.10

D

per mile. I wish to receive reimbursement.

E Name:

D Address:

City: -------------------- State:

Zip: \_

My total mileage is:

Minus 20 miles: -20 miles

Month of Service:

Mail to:

Total Remaining miles: X$.10=

Executive Director Approval: Date:------

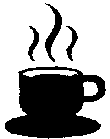
Hands of Grace Faith in Action 6500US20A

Suite C Delta, Ohio

43515 A-77

Recognition Ideas from *Faith in Action* Programs

Food and Fellowship Gatherings

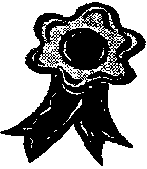
* Reception at local bed and breakfast
* Pot luck dinner at local congregation
* Afternoon tea and dessert at local congregation
* Pizza party at agency
* Cookout at board member's house
* Open House at agency with finger foods
* Ice Cream Social at local park
* Dinner with set menu at local restaurant

Special Themes

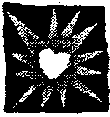
* Valentine's Day- "We Love our Volunteers"
* "Volunteer Round-Up" with "wanted" posters (we suggest having volunteers invite a potential new volunteer to the party, too).
* Anniversary of Agency Party
* "Magical Evening" with local magician entertainment .
* "Sounds of Music" with local "•

congregation choirs as entertainment

Sources of Support

* Local businesses (invitations, decorations, door prizes, certificates, funds)
* Local restaurants (food, door prizes)
* Individual donors and family bequest (volunteer certificates, namesake awards)
* Coalition members (space, food, decorations)
* Local hospitals (space, awards, food)
* Local movie theatres and community theatres (door prizes, special showing for volunteers)
* Local gift and card store (decorations, candle gifts, door prizes, invitations)
* Local nursery or flower shop (center pieces, door prizes)

Types of Awards

* Volunteer Hall of Fame
* Golden Glove for Homecare Volunteers
* Volunteer of the Year
* Shining Star
* Most Years of Service Gifts for Volunteers
* *Faith in Action* pins
* Hanging bars for *Faith in Action* pins
* Certificates of Distinction
* Gift certificates- (stores, grocery, gas, movies)
* Angel ornaments
* Candles *F r1 1 r li*
* Frame and picture

Other Recognition Ideas

* Reflection meeting to share volunteer stories
* Care receivers place thank you letters on display in agency
* Collaborate with other agencies to share costs and host a celebration
* Make tapes of care receivers sharing stories of their volunteers and play at banquet
* Have volunteers participate in "white elephant" gift exchange
* Invite volunteers to a special meeting of the board
* Coalition members host *"Faith in Action* Day" honoring volunteers during congregation's worship

service

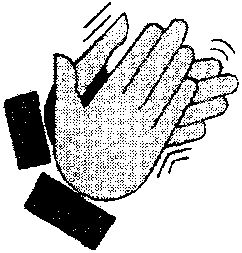
* "Volunteer Section" or

••volunteer Edition" of newsletter

with pictures and profiles

* Send semi annual thank you letter to all volunteers
* Initiate a Governor or Mayor's proclamation for *"Faith in Action* Volunteer Day"

*Special thanks to the many* Faith in Action *programs who shared their ideas with the National Program Office.*



Source: Faith in Action National Office

VINE CARERECEIVER APPLICATION

TODAY'S DATE \_

-- Rural

-- HomeShare

MFIP

Caregiver Grant

M.A.#

County Casemanager? \_yes no

VINE

1618 Third Avenue

Mankato, MN 56001

(507) 387-1666 voice

(501) 387-5775 fax

[www.vine@vinevolunteers.com](mailto:www.vine@vinevolunteers.com)

If yes: Name \_

Phone------------

PART I- REFERRAL INFORMATION

Person in need of assistance: D.O.B. \_ Age: < 60 > 60 85 + Male Female

Address

City

Phone.

State. \_ Zip

Referred by: Self Congregation Family - Agency Other

·"arne of Caller-----'---------- Date Phone------

PART 2- BIOGRAPHICAL INFORMATION

•

Ethnicity:- ----..,- ------------

nguage Spoke (if other than English)

umber of People living in Household \_

mes and Ages---------------'-----------

•

.Primary Caregiver \_

-·Income (optional) \_< $10,000 \_$10,000- $20,000 \_> $20,000

Homeowner? (optional) \_yes \_no

PART 3 - VOLUNTEER PREFERENCE (OPTIONAL)

Prefers volunteer from:

\_Congregation/faith community \_Community at large

\_student \_Doesn't matter

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**PART 4- EMERGENCY CONTACT INFORMATION**

**CONTACT#l**

NAME \_

ADDRESS

CITY------------------ STATE----------- ZIP DAYTIME PHONE EVENING PHONE----------­ RELATIONSHIP TO CARERECEIVER --------------------------------------------

**CONTACT#2**

NAME

ADDRESS

CITY----------------------------- STATE-------------- ZIP------ DAYTIME PHONE EVENING PHONE \_

RELATIONSHIP TO CARERECEIVER -----------------------------

**FAMILY CONTACT IN TOWN**

NAME

ADDRESS \_

CITY----------------- STATE ZIP \_ DAYTIME PHONE EVENING PHONE----------­ RELATIONSHIP TO CARERECEIVER ------------------=----------

**PART 5 -SERVICES REQUESTED**

Housekeeping

Shopping

Yardwork

Meal Preparation

Transportation

---Chores Reassurance Calls

---- Home Repairs Visiting

Respite Care

o er

One time request

on-going request How often needed? \_

**PART 6- HOME VISIT/ASSESSMENT**

Date of Visit Visit Done by (Name) ------------------------­ Home environment safe and accessible? -----------------------------------------

Carereceiver's ability to do tasks for themselves: ---------------------------------- Pet(s) in e home: -----------------------------------------------------

Does someone smoke inside the home: yes no

May someone smoke inside the home? yes no

Driving status: has a car and drives no longer drives has no car Comments: A-So

PART 7- HEAlTH ASSESSMENT OF CARERECEJVER

MOBILITY

PERSONAL CARE EMOTIONAL STATUS COGNITIVE

gets out independently independent good

good

--needs assistance

-- homebound

needs assistance moderate \_- \_ impaired total assistance other

VISION

HEARING

SPEAKING

SOCIAlL CONTACTS

good

--moderate

good

--moderate

good many

moderate some

impaired

glasses

impaired

hearing aid

impaired

fex

USE OF EQUIPMENT: CANE WALKER WHEELCHAIR OTHER \_

--· N.A.

TRANSFERS WITHOUT ASSISTANCE

OTHER IN-HOME SERVICES CURRENTlY USING COMMENTS:

PART 8- RELEASE OF INFORMATION



IGIVE VINE PERMISSION TO RELEASE INFORMATION ABOUT MY SITUATION TO OTHER AGENCIES TO ENABLE THEM TO BETTER ASSIST ME.

*J* GIVE PERMISSION TO THE FOLLOWING AGENCIES TO RELEASE INFORMATION OR RECORDS

;ABOUT ME TO VINE TO BETTER ASSIST ME.

'i.

*J*

)2.

*if·*

SIGNATURE--------------------- DATE----------

Date of referral \_ by phone in-person



by mail

Office processing Voi/Rec # index card folder

Computer Entry Mailing list

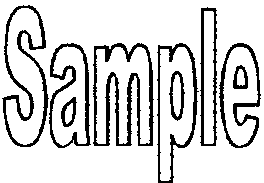
data base

Staff met individual on / / Has been approved

initialed Initialed

Congregation # \_

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Transportation Scheduler

Rider: Phone Number:----------- Address: \_

Destination:--------------------------

Day & Date: \_

Pickup Time: Return Time:---------- Background and Special Needs:

Assigned to Driver: #. \_

Request Received: --------'Assigned:----------- (Date & Initial) (Date & Initial)

Source: Faith inAction, Hands of Grace

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**Transportation Software Programs\***

**Mobilitat, Inc.**

Cindy Johnson, 888-806-6595 1605 Green River Way

Green River, WY 82935

Email: [Darrell@sweetwater.net](mailto:Darrell@sweetwater.net)

**Route Logic, Inc.**

Email: [tea@routelogic.com](mailto:tea@routelogic.com) Internet: [www.routelogic.com](http://www.routelogic.com/) Tel407-909.1270

Contact: Richard Szymanski

**RouteMatch Software**

888-840-8791

Email: [sales@routematch.com](mailto:sales@routematch.com) Internet: [www.routematch.com](http://www.routematch.com/)

**Trapeze Software Group**

480-627-8400

Email: [Info@trnpezesoftware.com](mailto:Info@trnpezesoftware.com) Internet: [www.trapezesofiward.com](http://www.trapezesofiward.com/)

**Volunteer Program Software with transportation/trip scheduling components\***

**CareWorks**

CSIG,Inc

106 Enterprise Drive

Kingston, NY 12401

845-383-3800

Internet [www.aboutcareWPfks.com](http://www.aboutcareWPfks.com/) Internet: www.C§iginc .com

Email: [tpeck@aboutcateworks.com](mailto:tpeck@aboutcateworks.com)

**CareFree** Volunteer Organization Database AVI Services, Inc.

5DurbamWay

Clifton Park, NY 12065 518-371-2151

Contact: Charlie Reichardt

Email: [ayichuck@cs.com](mailto:ayichuck@cs.com)

**\*These are simply examples of available software resources. This is not an endorsement of any of the products listed.**

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VOLUNTEER TRANSPORTATION PROGRAM CLIENT SURVEY

Name:

Date: \_

Address:

Phone: \_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PLEASE RATE THE FOLLOWING AS | EXCELLENT | GOOD | FAIR | POOR |
| Were you picked up on time? | D | D | D | D |
| Did you arrive at your destination on time? | D | D | D | D |
| Was the ride comfortable? | D | D | D | D |
| Did you feel safe in the vehicle? | D | D | D | D |
| Was the driver courteous? | D | D | D | D |
| Did the driver wear a nametag? | D | D | D | D |
| When you scheduled your ride was the person on  the telephone courteous? | D | D | D | D |
| Did the driver request you to wear a seat belt? | D | D | D | D |
| Was the vehicle clean? | D | D | D | D |
| Didthe driver ask Ifyou needed to make  appropriate rest area stops? | D | D | D | D |

What was the name of the driver who transported you? \_

How can we improve service to you?

Please Return the Survey to: Program Manager Sponsoring Organization Address:

---- ---------

(Piease use additional paper if needed)

Source: Agency Council on Coordinated Transportation. *Volunteer Drivers: A Guide* to *Best Practices.*

Sample Grievance Procedure

Resolution of Problems

When problems or grievances arise, the following steps are suggested in order to enable the [Name of Organization) to promptly resolve disputes. (Name of Organization] will protect the confidentiality of parties involved to the extent possible.

1. When a volunteer or care receiver wishes to bring an unresolved problem or concern to the attention of [Name of Organization] we ask that they first discuss the problem or concern with those involved in order to reach a mutually agreed upon solution. If there is no resolution, the volunteer or care receiver is asked

to proceed to steps 2,3,4.

1. The volunteer or care receiver should discuss the problem with [Name of Organization] staff. The staff member will gather information about the matter from relevant sources, including the person filing the grievance.
2. The persons involved, including the person filing a grievance will work together to formulate a plan of action, which will include checkpoints and a time frame for completion.
3. On the completion date, if the plan of action has not been successful, a determination will be made by the Director regarding further action.

A-Ss

here are over 1,200Faith In Action projects in the United States. Faith In

**OUR** MISSION T

Action In Red Wing:

+ To provide aid to the elderly,

or those in difficult life circum­

stances, via a group of trained volunteers.

+ To locate volunteers through

a coalition of area faith congre­

gations, organizations, and the

community at large.

+ To work with, and in referral

* + to, local social service agencies.

I

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*6 6?*

* Is a non-profit network of volunteers gathered through our local faith congrega­ tions and from the community at large.
* Provides non-professional volunteer assistance to the elderly and others in diffi­ cult life circumstances.
* Has a project director, and is governed by a Board of Directors.
* Will work with, and in referral to, our local healthcare providers, Social Services and Public Health agencies.
* Is a volunteer organization, dependent on grants, local financial support and fundraising events for its operating budget.

Providing aid to the elderly

LJ Call Faith In Action yourself. • Will not charge for any services per­

formed.

LJ Ask a family member to contact Faith

In Action. • Will attempt to meet all requests when there are volunteers available.

&

###### Those with difficult life

circumstances

LJ Visit with your local pastor or

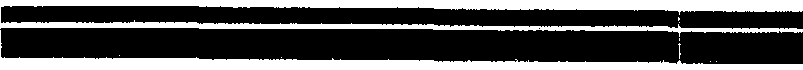


congregational coordinator.

LJ Contact your local healthcare provider, Social Services or Public Health agencies.

•

**Unlbadway**

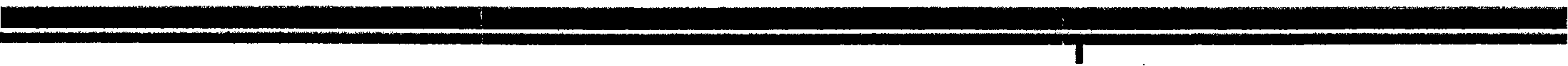


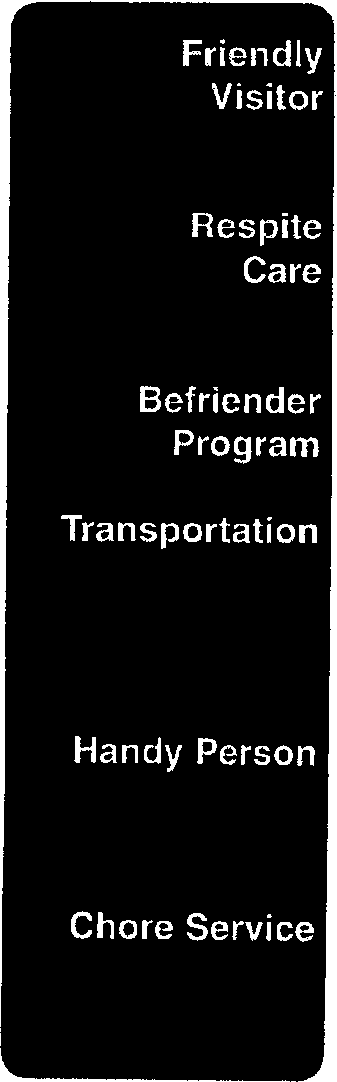
Carerecelvers Services Provided

1407West 4th Street

RedWing, MN 55066

651-385-3290

***Seltlllca fi UU id«l***

Receivers are visited by volunteers in their homes. The purpose is to provide socialization, and reduce isolation and loneliness. Visits are approximately one hour once a week.

Receivers are provided 2-3 hours of relief, allowing full-time caregivers time to attend a support group meeting, do some shop­ ping, make appointments or just get a breath of fresh air.

Receivers are assisted through a listening presence to those in transition or distressed circumstances.

>

I Receivers are transported and escorted to local medical, dental, legal, social service or other appointments. All transportation re­

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I ***to. tpm!***

I

I would like assistance in the following areas:

0 FriendlyVisitor

0 Respite Care

0 Befriender

0 Transportation

0 Handy Person or Chore Service

Name'-----------------------

Address \_

quests must be made 2 days in advance of services and will depend on availability of volunteer drivers.

Assistance with small home repairs, maintenance and wheelchair ramp construction is available. Tasks are usually completed in one or two visits. The participant pays only for needed parts, etc.

A fall leaf removal takes place in the fall for those in need and in spring cleaning.

**All volunteers are trained before services are provided.**

Phone'-----------------------

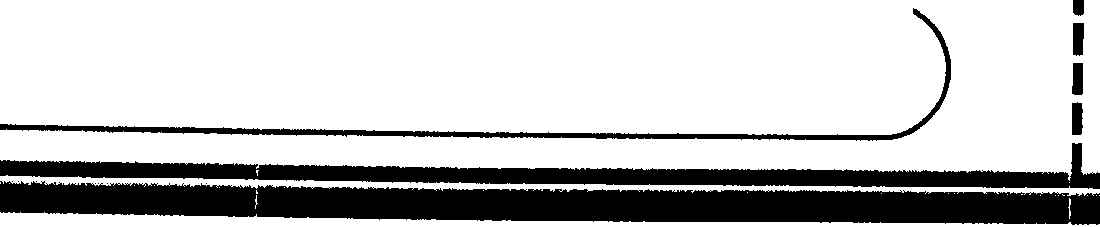
Church

Please mail to: Faith In Action

1407 West 4th Street

Red Wing, MN 55066

or



Call: (651) 385-3290

Fax: (651) 385-3291

E-mail: [fia@redwing.net](mailto:fia@redwing.net)

**SAMPLE MEDIA RELEASE**

**YOUR ORGANIZATION LOGO YOUR ORGANIZATION NAME**

**FOR IMMEDIATE RELEASE**

**Date**

Contact: Contact Person

Telephone#

**(Name of Organization) NOW PROVIDES LOW COST VOLUNTEER TRANSPORTATION FOR SENIORS**

(Your City, Your State) - When seniors reduce or stop driving, they are in the position of relying on other sources of transportation to meet their mobility needs. This may include receiving rides from family and friends that live close-by and are available. Often, though, it involves the use of formal transportation services such as public transportation, paratransit systems, taxis, and community-based programs. Unfortunately, appropriate transportation options are is not always easy for seniors to obtain or afford. When this occurs, one of two options is likely: less than safe senior drivers continue to drive their cars or they face problems getting where they need to go and become isolated.

In an effort to increase the availability of low cost senior transportation services that exist in

(name of this community), (name of your organization) now offering volunteer transportation services. If you, a friend or family member no longer drives-or are considering stopping-and lives within (.name of neighborhood, area or county being served) this program may be for you.

This program is being provided through a partnership project that is underway with

(name of your organization), , and (name of other collaborating organizations). The goal of the project is to provide safe, low cost transportation for seniors to help maintain their independence and involvement in our community.

(more)

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If you are interested in either volunteering for this program or receiving rides from this program (some eligibility requirements may apply), please contact (name of contact person) at (telephone number) or at (name of organization) .

.\

!: Provide a short statement about your organization, it's mission, address and telephone number.

##

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***Creating* soluUons.**

***changtng lives.***

Transportation Solutions for Caregivers:

*A Solutions Package for Volunteer Transportation Programs*

**EVALUATION**

**For questions 1-8, please circle the response that best reflects your answer**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| strongly agree | agree | neutral | disagree | strongly disagree |
| 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1) | This *Solutions Package* contains practical information for volunteer transportation | 1 | 2 | 3 | 4 | 5 |
|  | programs. |  |  |  |  |  |
| 2) | The information contained in this *Solutions* |  |  |  |  |  |
|  | *Package* is clear and well presented. | 1 | 2 | 3 | 4 | 5 |
| 3) | I currently manage/work with an existing volunteer transportation program. |  |  | Yes *I* No |  |  |
| 4) | I am considering establishing a new volunteer transportation program. |  |  | Yes/ No |  |  |
| 5) | This *Solutions Package* effectively informed me about important aspects of a volunteer | 1 | 2 | 3 | 4 | 5 |
|  | transportation program. |  |  |  |  |  |
| 6) | This *Solutions Package* will assist me to enhance the volunteer transportation program I manage, or | 1 | 2 | 3 | 4 | 5 |
|  | assist me in establishing a new program. |  |  |  |  |  |

1. The primary group my program serves is: (Please circle all that apply)
2. Caregivers
3. Older adults
4. People with Disabilities
5. Job Access
6. Other (please indicate)
7. The area my program serves is: (Please circle all that apply)
8. Urban
9. Rural
10. Suburban
11. Other (please indicate)

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**EVALUATION Continued**

1. What changes, if any, will be made to your program as a result of this *Solutions Package?*
2. What is the best/most helpful section of the

*Solutions Package?*

11) What was the worst/least helpful section of the

*Solutions Package?*

12) How would you change these materials to be more helpful?

**Additional comments:**

**Please Submit Evaluation to:**

Easter Seals Transportation Solutions for Caregivers

230 W. Monroe Suite 1800 Chicago, IL 6o6o6

Or

Fax to 312-726-1494

Attn: PPS, Transportation Solutions for Caregivers

Questions?

1-800-221-6827

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*Special Thanks To:*

United States Department of Health and Human Services, Administration on Aging

Alzheimer's Association

Federal Transit Administration The National Council on the Aging Faith in Action

AARP

Beverly Foundation

Community Transportation Association of America National Highway Traffic Safety Administration Easter Seals Project ACTION

National Association of Area Agencies on Aging National Family Caregivers Association National Association of States United on Aging

Nonprofit Risk Management Center

Council on Aging and Human Services (COAST) *I* Washington State Agency

Council on Coordinated Transportation



**800.221.6827**