WELCOME

On behalf of Tri-Valley Opportunity Council Inc., we would like to welcome you to the Public Transportation Program. With your assistance, we can provide a service that otherwise could not be provided. We thank you for dedicating your time, energy and resources. We believe that you are unique because you have developed the desire to give of yourself on behalf of others.

CODES OF CONDUCT FOR VOLUNTEERS

I will conduct myself with dignity, courtesy, and consideration. I will be friendly, understanding and courteous when serving consumers/passengers.

I realize, since I am a volunteer, I do not receive payment for my services. Furthermore, I will not insinuate or accept tips or request that any part of my expenses be reimbursed by clients/passengers that I transport for the program.

As a Volunteer, I will not make derogatory or discriminatory remarks to or about passengers/clients because of race, color, creed, religion, natural origin, sex, disability, age, marital status, or status with regard to Public Assistance.

I will not impose my religious beliefs on or lecture to my consumers/passengers.

I realize that sexual harassment or sexual contact with passengers/consumers is inappropriate and not tolerated and grounds for immediate dismissal from the program.

I will not use alcoholic beverages or mood altering drugs while on duty and/or as regulated by State/Federal Driving Regulations. I will notify my supervisor of any prescribed medication that will affect my driving before transporting any consumers.

I will be punctual in the performance of my duties and responsibility to the program.

I understand I must respect the privacy rights of the passengers/consumers I serve. The Minnesota Government Data Privacy states that personal, medical, psychiatric and financial information is private non-public data. Information on these subjects may be shared with the staff person scheduling trips through Tri-Valleys’ Public Transportation program or other staff only if it is necessary in relation to the passenger’s transportation needs.

I have read the above Codes of Ethics and agree to uphold them to the best of my ability.

________________________________________   __________________
Volunteer’s Signature       Date

RETURN THIS PAGE
CONFIDENTIALITY

Information known about employees of Tri-Valley Public Transportation and/or Tri-Valley Opportunity Council Inc., and/or clients, customers and volunteers is strictly confidential. Such information must never be discussed with anyone who does not have a legitimate need to know the confidential information to perform services of the Public Transit program. The responsibility is shared by every employee/volunteer in every capacity. To give out unauthorized information is not only unethical, but may involve you in legal proceedings. When in doubt as to whether certain information is confidential, prudence dictates that none be provided without first clearly establishing that disclosure has been authorized by appropriate authority. Federal and State laws are very strict on this matter: therefore, confidentiality is of great concern to the Public Transit program.

I have read and understand the above policy.

________________________________       Date:____________

RETURN THIS PAGE
VOLUNTEER DRIVER REGISTRATION FORM
TRI-VALLEY PUBLIC TRANSPORTATION

Name _________________________________________        Birthdate ____________
Address ________________________       City _______________      Zip __________
Phone No ________________ Cell No______________             County________________

Check Driving Preferences:  ____  within 50 miles of your home town  ____  within 100 miles of your home
   town _____  anywhere that a drive would take you

INSURANCE REGISTRATION INFORMATION

Driver’s License Number _____________________________        When? ________________
Any citations or accident? (yes/no) __________  When? ________________

Vehicle(s) to be used:
Make ___________________       Model _______________     Year _________   Color_______
Make ___________________       Model _______________     Year _________   Color_______

Name of Auto Insurance Company __________________________________
Name of Insurance Agent __________________________     Phone No. ____________
Auto Insurance Policy No. _________________________________________

*** A copy of your Proof of Insurance Card and
Driver’s License is required when registering.***

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

IN CASE OF EMERGENCY NOTIFY
_______________________________________    Phone No.  ______________________
Address   __________________________

ENROLLMENT AGREEMENT:

I, ____________________________, volunteer my service through the Rural Transportation
Program of Tri Valley Opportunity Council Inc. and understand that I am not an employee.  I
agree to provide or consent to the following: (1) A statement to be signed by a physician that no
current medical conditions exist which interferes with my ability to safely drive and automobile.
(this does not mean a physical exam is required.); (2) A signed release to verify my driving
record, as well as a Criminal Background Check required by certain agencies; (3) I will comply
with the Code of Conduct Rules.

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

_______  Yes  ________  No

Volunteers Signature       Date

RETURN THIS PAGE
VOLUNTEER DRIVER JOB DESCRIPTION

JOB TITLE: Volunteer Driver

RESPONSIBLE TO: Tri-Valley Opportunity Council, Inc.
(RTC Coordinator)

DAYS/HOURS PER WEEK: Determined by Volunteer Driver & Scheduling Supervisor

GENERAL RESPONSIBILITIES
* provide safe and reliable transportation to area residents/clients who lack safe and reliable transportation to and from approved destinations. All transports must be pre-authorized.
* carry out program policies and procedures.
* provide scheduled transportation in Volunteers personal vehicle and complete paperwork in a timely manner.

POSITION REQUIREMENTS:
1. Own safe and maintained vehicle
2. Valid Drivers License
3. Carry minimum liability insurance at all times.
4. Complete all registration forms and follow Codes of Conduct.
5. Complete orientation/ and training for the position.

REIMBURSEMENT:
1. Mileage at the current IRS rate.
2. Meals: Breakfast $5.50—Lunch $6.50—Dinner $8.00 (w/attached receipts)
3. Other approved expenses. (lodging and parking fees w/attached receipts)

I have read, understand and agree to the Volunteer Driver Job Description.

______________________________________________
Name (please print)

______________________________________________  _________________
Signature                                                                                             Date

RETURN THIS PAGE
INFORMED CONSENT FORM
Criminal Background and Driver License/Violation Check

Tri Valley Opportunity Council, Inc.
Public Transportation Department
1345 Fairfax Avenue
Crookston, MN  56716

The following named individual has made application to operate a vehicle for Tri-Valley Opportunity Council, Inc. in the Public Transportation Department.

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>(Maiden, Former, Alias)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Address:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street</td>
<td>City</td>
<td>State</td>
<td>Zip</td>
</tr>
<tr>
<td>Mailing Address (if different)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>Social Security No:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Month</td>
<td>Day</td>
<td>Year</td>
<td></td>
</tr>
<tr>
<td>Driver’s License Number:</td>
<td>Telephone Number:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

It is the policy of Tri-Valley Opportunity Council that anyone will be prohibited from driving a vehicle for the Public Transportation Department who:
- has been convicted of (a) felony or other crime involving harm to a person, (b) careless or reckless driving, or
- has about them a substantiated report(s) of abuse or neglect of a minor(s) or vulnerable adult(s).
- has had a driver license canceled under Minnesota Statutes, section 171.14, revoked under Minnesota Statutes, section 171.17, or suspended under Minnesota Statutes, section 171.18, clause (2), (3), (4), (5), (7), or (11); with in the past 7 years
- has a driving record of convictions for operating or driving a motor vehicle without a valid current license for the class of vehicle driven with in the past 7 years
- has a driving and criminal record of convictions for driving under the influence of alcohol or a controlled substance under Minnesota Statutes, section 169.121, or an ordinance in conformity with that section, of alcohol-related driving by commercial vehicle drivers under Minnesota Statutes, section 169.1211, and of driver license revocations under Minnesota Statutes, section 169.123 with in the past 7 years

I authorize VOLUNTEER SELECT (CHOICE POINT/LEXIS NEXIS) or MINNESOTA BUREAU of CRIMINAL APPREHENSION or any agency that Tri-Valley authorizes to disclose criminal history information to: Tri Valley Opportunity Council Inc. administrative staff for the purpose of operating public transportation services.

Signature of Driver Applicant: __________________________      Date: _____________

RETURN THIS PAGE
### VOLUNTEER

<table>
<thead>
<tr>
<th></th>
<th>Beginning Odometer Reading</th>
<th>Ending Odometer Reading</th>
<th>TOTAL MILES DRIVEN</th>
</tr>
</thead>
</table>

**Name**

**Address**

**CITY-STATE-ZIP**

<table>
<thead>
<tr>
<th>Date</th>
<th>DRIVER TRAVEL</th>
<th>AM</th>
<th>DRIVER TRAVEL STOP TIME</th>
<th>PM</th>
</tr>
</thead>
</table>

### CLIENT

<table>
<thead>
<tr>
<th></th>
<th>Beginning Odometer Mileage</th>
<th>Ending Odometer Mileage</th>
<th>TOTAL CLIENT MILES</th>
</tr>
</thead>
</table>

**Name**

**Pick-Up City**

**Destination Location**

<table>
<thead>
<tr>
<th>Date</th>
<th>DRIVER TRAVEL</th>
<th>AM</th>
<th>DRIVER TOTAL TRAVEL</th>
<th>PM</th>
</tr>
</thead>
</table>

### TIMES FOR CLIENT WHILE THEY ARE IN THE APPOINTMENT

<table>
<thead>
<tr>
<th>CLIENT DROP OFF</th>
<th>AM</th>
<th>CLIENT PICK UP TIME</th>
<th>PM</th>
<th>CLIENT TIME IN THE APPT</th>
<th>HRS</th>
</tr>
</thead>
</table>

**Comments:**

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TOTAL MILES @ **$** PER MILE =

Allowable Reimbursable Expenses=

**Receipts must be attached to voucher**

TOTAL AMOUNT CLAIMED ===

---

I CERTIFY THAT THIS STATEMENT, THE AMOUNTS CLAIMED AND ATTACHMENTS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT PAYMENT FOR THE AMOUNT CLAIMED HAS NOT BEEN RECEIVED.

REQUESTED BY (volunteer signature)  
RTC Coordinator authorization