



Tri-Valley

Opportunity Council, Inc.

Transportation Programs

TRI-VALLEY OPPORTUNITY COUNCIL, INC.

RURAL TRANSPORTATION COLLABORATIVE



VOLUNTEER DRIVERS REGISTRATION PACKET

**1345 Fairfax Avenue
Crookston, MN 56716**

**218-281-9082
866-884-2695
www.tvoc.org**



**Tri-Valley Opportunity Council, Inc.
Public Transportation**

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

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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: _____

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Tri-Valley
Opportunity Council, Inc.
Transportation Programs

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 _____
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

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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

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Tri-Valley
 Opportunity Council, Inc.
Transportation Programs

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.

Last	First	Middle	(Maiden, Former, Alias)
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Physical Address: _____

Street	City	State	Zip
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Mailing Address (if different) _____

Date of Birth: _____ Social Security No: _____

Month	Day	Year	
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Driver's License Number: _____ Telephone Number: _____

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: _____

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Rural Transportation Collaborative

RTC---VOLUNTEER TRAVEL VOUCHER

TRI-VALLEY OPPORTUNITY COUNCIL, INC

1345 Fairfax Avenue
Crookston, MN 56716

1-218-281-9082 or 1-866-884-2695

VOLUNTEER			
Name _____			
Address _____			
CITY-ST-ZIP _____			
Date	Beginning Odometer Reading	Ending Odometer Reading	TOTAL MILES DRIVEN

CLIENT		
Name _____		
Pick-Up City _____		
Destination Location _____		
Beginning Odometer Mileage	Ending Odometer Mileage	TOTAL CLIENT MILES

DRIVER TRAVEL START TIME	AM PM	DRIVER TRAVEL STOP TIME	AM PM	DRIVER TOTAL TRAVEL	HRS
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TIMES FOR CLIENT WHILE THEY ARE IN THE APPOINTMENT

CLIENT DROP OFF TIME	AM PM	CLIENT PICK UP TIME	AM PM	CLIENT TIME IN THE APPT	HRS
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COMMENTS: _____

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 _____