

# **CARTS** *Get a Ride!*

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Central Area Rural Transit System, Inc.  
A Community Solution for Public Transportation  
P.O. Box 993  
Soldotna, AK 99669  
907-262-8900 907-262-6122 fax

TO POTENTIAL VOLUNTEER DRIVERS:

THANK YOU FOR YOUR INTEREST IN OUR TRANSPORTATION PROGRAM! We have been giving rides to the public since October 2, 2000. This is a group effort where our community works together to solve the problem that people in our area have getting to doctor appointments and work, to shopping, church or school.

We will count on volunteers to be an important part of the solution of providing mobility and freedom to those who need rides. Volunteers will be reimbursed at 44 ½ cents a mile. They keep track of passengers, the times of pick up and delivery, and the miles driven. The transit office will receive mileage logs and reimburse the volunteers. Payment is made at the middle and end of each month.

Please fill out an application form and submit it to our office. We have other forms that need to be completed, such as those for references, criminal check, driving record and vehicle inspection. Obviously, our primary concern is for the safety of the passenger, and we want to be sure that they have a pleasant experience.

Many people around the nation are giving rides to people in programs similar to this, and they find it a very satisfying experience. A volunteer can usually cover vehicle expenses, and often can even make a car payment or have some spending money left over. The best reward of all is the knowledge that you are making someone's life better!

This project is funded by a variety of sources, including the Federal Transit Administration, the Department of Transportation, the Alaska Mental Health Trust, Alaska Public Assistance, and the Kenai Peninsula Borough.

We use volunteers to drive those who have special needs: kindergartners, frail seniors who need extra attention, passengers who live in remote areas, or those who must have someone who can spend additional time assisting them. In some cases, volunteers for special routes might drive CARTS vehicles.

Volunteers are not CARTS employees and are not paid any salary. The success of a transportation brokerage rests on the residents of a community working together to give us all a better quality of life by providing mobility and freedom for everyone.

If you have any questions, please call our office at 907-262-8900.

Sincerely,

Jenny Wetzel  
Executive Assistant

## **VOLUNTEER DRIVER JOB DESCRIPTION**

**Position:** Volunteer Private Vehicle Driver  
This position is strictly a voluntary position and the volunteer is not an employee of Central Area Rural Transit System, Inc.

**Contact Person:** Jenny Wetzel, Executive Assistant  
Central Area Rural Transit System, Inc.  
P.O. Box 993, Soldotna, AK 99669  
(907) 262-8900  
Email: ridesalaska@alaska.net

**Compensation:** Mileage reimbursed, as shown on the volunteer billing form.  
Parking and Meals only as appropriate and authorized in advance.

**Hours:** As volunteered and authorized by the CARTS Broker

**Place of Work:** To be determined on a trip by trip basis

**Major Duties/Purpose:**  
Transporting and escort service for medical appointments and for other purposes; To be a careful and responsible driver; To keep appointments promptly assigned; To be available on call during predetermined volunteer hours; To call CARTS **immediately** if you are unable to keep an assigned appointment; To report any problem stemming from a transportation assignment immediately to the CARTS Office; Record data statistics about trip as requested; Assist rider in and out of vehicle as needed, or when necessitated by the passenger's condition; Treat clients with care and respect.

**Volunteer Qualifications:**  
Valid Drivers License and a good driving record, no at fault accidents or moving traffic violations for 3 years (records to be verified annually); Personal Automobile liability Insurance (you are required to notify your insurance company prior to becoming a volunteer to ensure coverage); Be in good physical condition; Own a vehicle in good mechanical condition including proper seat belts; **Prior to volunteering vehicle must be inspected by an approved staff member or as approved by CARTS.** Child car seats can be provided by CARTS on a check out basis. Car seats must be returned in clean and proper condition. Car seats are the property of CARTS. If not returned in good order, Volunteer may be liable for replacement.

**Benefits:**  
Mileage reimbursement at the State rate of .445 cents per mile traveled, with Workman's Compensation Insurance coverage during hours of volunteering. If volunteering is in excess of 4 hours, meal(s) are reimbursable as follows: Breakfast up to \$6.00; Lunch up to \$8.00; and Dinner up to \$12.00.

*I, the undersigned, volunteer my services to Central Area Rural Transit System, Inc. and understand and agree to the duties as a volunteer listed on the job description.*

Volunteer Driver Signature: \_\_\_\_\_ Date \_\_\_\_\_

CARTS Verification Signature: \_\_\_\_\_ Date \_\_\_\_\_

VOLUNTEER DRIVER REGISTRATION FORM

PLEASE PRINT

NAME: \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAILING ADDRESS IF DIFFERENT FROM ABOVE: \_\_\_\_\_

\_\_\_\_\_

CELLPHONE NUMBER: \_\_\_\_\_ WILLING TO USE IT \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

AUTO INSURANCE COMPANY NAME: \_\_\_\_\_

INSURANCE ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ AGENT: \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

*VEHICLE DESCRIPTION*

Vehicle #1 YEAR: \_\_\_\_\_ LICENSE # \_\_\_\_\_

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ COLOR: \_\_\_\_\_

AVAILABLE FOR LONG DISTANCE TRIPS YES \_\_\_\_\_ NO \_\_\_\_\_

Vehicle #2 YEAR: \_\_\_\_\_ LICENSE # \_\_\_\_\_

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ COLOR: \_\_\_\_\_

AVAILABLE FOR LONG DISTANCE TRIPS YES \_\_\_\_\_ NO \_\_\_\_\_

YOUR AVAILABILITY (i.e. days of week or specific times): \_\_\_\_\_

\_\_\_\_\_

**Central Area Rural Transit System, Inc.**  
**VOLUNTEER DRIVER ACKNOWLEDGEMENT OF REQUIREMENTS**

As a volunteer, driving my own vehicle, I acknowledge that the information noted below is required to be able to claim reimbursement for volunteering.

1. I have a valid Alaska State Drivers License (**include copy of license with application**).
2. I have a safe driving record and as a minimum have not had an at fault accident or moving traffic violation in the last 3 years (36 months), (Records will be verified annually through the Department of Motor Vehicles, CARTS pays for this fee). A clear Driving Record and Criminal History Report must be on file with CARTS prior to volunteering (upon approval of volunteer application, CARTS will also pay this fee).
3. I have my automobile covered for liability insurance which meets the minimum coverage established by Alaska State of \$50,000 bodily injury per person; \$100,000 per accident and \$25,000 property damage (Proof of Insurance is required). (**Please submit a copy and certificate of insurance with this application and every six months thereafter.**)
4. My vehicle is mechanically sound and clean, inside and out, for each trip I may make. Annual vehicle inspections will be scheduled with CARTS or as approved by the office. Vehicle spot checks may be done by CARTS staff as requested.
5. I am physically capable of safely driving a vehicle and no medications are taken that affect my driving.
6. I will dress appropriately for Volunteering as I am a representative of Central Area Rural Transit System, Inc. CARTS will provide an identification nametag, which I will wear or have visible whenever I volunteer.
7. My vehicle meets or exceeds the state's seat belt requirements and I use seat belts and will request my passengers to do the same, in compliance with state law.
8. I will complete all forms required to verify claimed mileage.
9. I will report any injuries to my riders or vehicle accidents to CARTS as soon as practical after an accident, but not later than 48 hours.
10. I will notify CARTS if any of the above conditions change.
11. As an authorized Volunteer for CARTS I will be the only authorized driver under this agreement.
12. If I feel I can not do trips due to whatever reason (such as too tired, ill, or bad weather), I will notify CARTS immediately.
13. Due to the health of our clients, it is **mandatory** for volunteers to **refrain from smoking** while transporting of CARTS clients. This no smoking rule also applies to clients.
14. I will have my Billing in to CARTS no later the 5th of the month following service or I risk receiving my check the following month.
15. I will agree to a personal interview following the submission of this application.
16. I will be willing to carry a cellphone and use it when I drive CARTS passengers.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Central Area Rural Transit System, Inc.**  
**VOLUNTEER DRIVER/CLIENT/PARTICIPANT CONFIDENTIALITY**  
**CERTIFICATE OF UNDERSTANDING**

This is to certify that Central Area Rural Transit System, Inc.'s policy on confidentiality as to its relationship between me and the client or participant I serve and other persons or agencies is as follows:

1. All participant information is to be treated as confidential at all times.
2. I will not disclose any information concerning the client/participant to individuals or agencies without the individual's permission in writing, including other employees of Central Area Rural Transit System, Inc., unless there is a need to know basis.
3. I will not borrow money, accept gifts or sell products to participants, except through regular advertising channels.
4. Solicit medication from clients.
5. Use or abuse alcohol, narcotics or drugs while on duty, unless prescribed and the driver can still perform duties in a safe manner.
7. Wear any type of headphones while volunteer driving. All cellphones will be used with extreme caution.
8. I will not work for any participant for remuneration without specific approval, in writing from CARTS.
9. A "no hands on" policy involving clients is enforced unless it is to temporarily restrain a violent client. This "no hands on" policy is enforced regardless of what outside agencies, caregiver, or family members may advise as to what type of disciplinary action involving touching, patting etc. CARTS should be notified immediately, verbally and in writing, when a Volunteer is given directions or orders on handling clients which are contradictory to company policy.
10. Drivers will not make sexually explicit comments, or solicit sexual favors from clients.
11. In compliance with applicable state and federal laws, Central Area Rural Transit System, Inc. ensures that all clients will receive equal treatment and no eligible clients will be denied any service that CARTS offers based on race, color, religion, age, sex, sec orientation, national origin or ancestry, marital status, veteran status, or physical or mental disability.
12. Volunteer drivers and passengers must always wear safety belts. If a passenger refuses to wear a safety belt, report it to the office.
13. If a child less than **5** years of age is transported, the child shall be properly restrained in a child safety seat as required by the State of Alaska. The child seat is to be provided by the parent or guardian of the child or you may check one out at the CARTS office.

***Failure to abide by the above could cause disciplinary action to be taken against me as warranted under the Central Area Rural Transit System, Inc. Personnel Policies to include termination.***

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

CARTS Verification \_\_\_\_\_ Date \_\_\_\_\_

**Central Area Rural Transit System, Inc.  
VOLUNTEER DRIVER CONSENT FORM**

I, the undersigned, certify that I have not had an **at fault** accident or moving traffic violation in the last three (3) years unless noted in remarks below. If none, write none in remarks section.

I agree to provide a Driving Report from the Alaska Department of Motor Vehicles to confirm my driving record and will have it verified annually. I also agree to have a Criminal History Report processed to show no evidence of any criminal acts. Central Area Rural Transit System, Inc. covers the cost of processing these reports.

I further understand, that should my driving record not be approved by the insurance broker, or be as I have indicated, or a criminal history check is not approved, it is grounds for being dismissed from volunteering with Central Area Rural Transit System, Inc., without recourse and without prejudice.

I do not have any known medical problems that affect my driving.

Name: \_\_\_\_\_  
(Please Print)

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Date: \_\_\_\_\_

## Driver's Statement of Medical Condition

Below is a checklist of certain conditions, the drugs commonly prescribed and their potential side effects on driving. Check any that apply to you and describe below your condition, level of medication, the effects it has on your driving, and any other comments relative to how your physical or emotional condition and/or drugs taken influences your ability to drive safely. Then sign in the space below.

If you have no physical or emotional conditions that impair your driving and are currently taking no drugs that impair your driving, simply sign and date this page below. We may request a physician's release prior to authorizing volunteer trips.

<b><u>CHRONIC CONDITION</u></b>	<b><u>DRUG TYPE</u></b>	<b><u>SIDE EFFECTS ON DRIVING</u></b>
Arthritis	Analgesics	Drowsiness, inability to concentrate
Allergies	Antihistamines	Drowsiness, confusion
Common Cold	Antihistamines	Drowsiness, blurred vision, dizziness
Diabetes	Oral Hypoglycemic	Drowsiness, inability to concentrate
Hypertension	Antihyperactives	Drowsiness
Rheumatism	Analgesics	Drowsiness, inability to concentrate
Weight Control	Stimulants	False feeling of alertness, overexcitability
Heart Condition	Blood thinners	Drowsiness, blurred vision

<b><u>Emotional State</u></b>	<b><u>Drug Type</u></b>	<b><u>Side Effects on driving</u></b>
Anxiety	Sedatives	Drowsiness, staggering
Depression	Stimulants	False feeling of alertness, overexcitability
Fatigue	Stimulants	False feeling of alertness, overexcitability

### **Comments:**

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

**Central Area Rural Transit System, Inc.**  
**GET THE MOST FROM VOLUNTEERING**  
**Remember Your Rights and Your Responsibilities**

***RIGHTS***

**The right to be treated as a co-worker...** not just free help.

**The right to a suitable assignment...** with consideration for personal preference, temperament, life experience, education, and employment background.

**The right to know as much about the agency as possible...** its people, its programs.

**The right to training for the job ...** thoughtful planned and effectively presented.

**The right to continuing education on the job ...** as a follow-up to initial training ... information about new developments ... training for greater responsibility.

**The right to sound guidance and direction ...** by someone who is experienced, patient, well-informed and who has the time to invest in giving guidance.

**The right to promotion and a variety of experiences ...** through advancement to assignments of more responsibility ... through special assignment.

**The right to be heard ...** to have a part in planning ... to feel free to make suggestions ... to have respect shown for an honest opinion.

**The right to recognition ...** in the form of promotion and awards ... through day-by-day expressions of appreciation ... and by being treated as a true co-worker.

***RESPONSIBILITIES***

**BE SURE.** Look into your heart and know that you really want to help people.

**BE CONVINCED.** Believe in the value of what you are doing. It's a necessary step to becoming a good volunteer.

**ACCEPT THE RULES.** Don't criticize what you don't understand. There may be good reasons.

**SPEAK UP.** Ask about things you don't understand. Don't coddle your doubts and frustrations until they drive you away.

**BE WILLING TO LEARN.** Training is essential to any job well done.

**KEEP ON LEARNING.** Know all you can about your agency and your job.

**WELCOME SUPERVISION.** You will do a better job and enjoy it more if you are doing what is expected of you.

**BE DEPENDABLE.** Your word is your bond. Do what you have agreed to do. Don't make promises you can't keep.

**BE A TEAM PLAYER.** Find a place for yourself on the team. You'll get the most out of your volunteer assignment that way.

## CARTS Volunteer Vehicle Inspection Form

**Volunteer Name:** \_\_\_\_\_ **Provider #** \_\_\_\_\_

**Vehicle Inspected: Make** \_\_\_\_\_ **Model** \_\_\_\_\_ **Color** \_\_\_\_\_

**VIN#:** \_\_\_\_\_ **Year** \_\_\_\_\_ **License** \_\_\_\_\_

**Vehicle Tabs Expire:** \_\_\_\_\_ **Insurance Expiration:** \_\_\_\_\_

**Inspection Date :** \_\_\_\_\_ **Inspected By:** \_\_\_\_\_

**Odometer Reading:** \_\_\_\_\_ **Title:** \_\_\_\_\_

	Yes	No	Comments
Vehicle Interior Clean	_____	_____	_____
Vehicle Exterior Clean	_____	_____	_____
Horn in Working Order	_____	_____	_____
Parking/Brake Lights Checked	_____	_____	_____
And in working order	_____	_____	_____
Indicator Lights Checked	_____	_____	_____
Air Conditioning	_____	_____	_____
Seat Belts Checked	_____	_____	_____
Number of Belts Available for Clients	_____	_____	_____
First Aid Kit In Vehicle	_____	_____	_____
Incident Kit in Vehicle	_____	_____	_____
Emergency Equipment in Vehicle	_____	_____	_____
(Including Chains, Flashlight, Flares, Blankets, Ice scrapers)			
Verification of Last Oil Change	_____	_____	_____
Proof of Insurance in Vehicle	_____	_____	_____

Documentation of preventative Maintenance:

\_\_\_\_\_

Infant /Toddler Car Seat Checked out: \_\_\_\_\_ Comments: \_\_\_\_\_

Signature of Volunteer: \_\_\_\_\_ CARTS Initials: \_\_\_\_\_

Date Repairs Need to Be Made By: \_\_\_\_\_

# Volunteer Authorization to Release Reference Information

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_ to release the following information to Central Area Rural Transit System, Inc..

- \_\_\_\_\_ Driver Registration
- \_\_\_\_\_ Vehicle Information/Inspection Reports
- \_\_\_\_\_ Copy of current Driver's License
- \_\_\_\_\_ Copy of current Insurance Summary
- \_\_\_\_\_ Confidentiality Signed Statement
- \_\_\_\_\_ Alaska State Trooper Criminal History Information
- \_\_\_\_\_ Motor Vehicle Report
- \_\_\_\_\_ Copy of First Aid and any other pertinent certificates
- \_\_\_\_\_ Letters of Reference

I have reviewed the above information and understand this is the data that will be released to Central Area Rural Transit System, Inc.

\_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Signature

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

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

Release Expiration Date: \_\_\_\_\_

Facility Releasing Information: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Central Area Rural Transit System, Inc.  
VOLUNTEER DRIVER PROGRAM

PERSONAL REFERENCE FORM

NAME OF VOLUNTEER APPLICANT: \_\_\_\_\_

NAME OF REFERENCE: \_\_\_\_\_

CIRCLE OR CHECK ALL THAT APPLY FOR EACH QUESTION

1. What is the nature of the relationship with this applicant?

employer      friend      neighbor      family      friend      counselor      teacher  
relative      coworker      other: \_\_\_\_\_

2. How long have you known the applicant? \_\_\_\_\_

3. How well do you know this person?    \_\_very well    \_\_fairly well    \_\_acquaintance only

4. This volunteer will be required to keep confidential any information given about a client. In your experience, have you ever know this applicant to keep things confidential?

5. How would you describe this person's style with people?

\_\_sincere \_\_shy \_\_shallow \_\_distant \_\_warm \_\_demanding \_\_caring \_\_consistent \_\_accepting  
\_\_judgmental \_\_indifferent \_\_patient \_\_don't know

6. Do you feel the applicant would be compassionate and caring to the following populations?

Check all those that you feel would apply:

\_\_mentally challenged \_\_physically challenged \_\_behaviorally challenged  
\_\_low income \_\_elderly \_\_Non-English speaking

7. How does the applicant relate with young children?

\_\_communicates effectively \_\_mild conflict \_\_over protective \_\_much conflict \_\_don't know

8. How would you rate the applicant's ability to relate with teenagers?

\_\_friendly \_\_has "Generation Gap" \_\_understanding \_\_impatient \_\_patient  
\_\_lacks confidence \_\_well-liked -stern \_\_accepting \_\_don't know

9. Would you trust the applicant with your own child or a child close to you in an unsupervised setting?

\_\_Yes    \_\_No

If NO, please explain: \_\_\_\_\_

\_\_\_\_\_

10. Do you believe that the applicant has the moral character necessary to transport a child without supervision?

Yes  No

If NO, please explain: \_\_\_\_\_

11. Check as many of the following that describe the applicant:

confident  nervous/tense  outgoing  sense of humor  responsible  
 temperamental  judgmental  friendly  unreliable  flexible

12. Does this person deal well with the responsibilities and problems of everyday living?

almost always  usually  sometimes  rarely

13. In your experience as a passenger in the applicant's vehicle, have you found this applicant to be a safe and cautious driver?

14. How would you rate this person's health?

excellent  good  poor  some problems

15. Please describe this person's strengths and weaknesses.

Strengths: \_\_\_\_\_

Weaknesses: \_\_\_\_\_

16. Does this person now or ever have a drinking or drug abuse problem?

17. Has this person ever been arrested for an illegal activity, including drugs or DWI?

18. Do you know any reason why this applicant would not serve well as a volunteer driver?

*If you have any any additional information or comments about this applicant that you would like to share with us, please feel free to call. (907) 262-8900*

*Thank you for your cooperation!*

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

PHONE \_\_\_\_\_

Central Area Rural Transit System, Inc.  
VOLUNTEER DRIVER PROGRAM

PERSONAL REFERENCE FORM

NAME OF VOLUNTEER APPLICANT: \_\_\_\_\_

NAME OF REFERENCE: \_\_\_\_\_

CIRCLE OR CHECK ALL THAT APPLY FOR EACH QUESTION

1. What is the nature of the relationship with this applicant?

employer      friend      neighbor      family      friend      counselor      teacher  
relative      coworker      other: \_\_\_\_\_

2. How long have you known the applicant? \_\_\_\_\_

3. How well do you know this person?     very well     fairly well     acquaintance only

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5. How would you describe this person's style with people?

sincere    shy    shallow    distant    warm    demanding    caring    consistent    accepting  
 judgmental    indifferent    patient    don't know

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Yes     No

If NO, please explain: \_\_\_\_\_

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14. How would you rate this person's health?

excellent  good  poor  some problems

15. Please describe this person's strengths and weaknesses.

Strengths: \_\_\_\_\_

Weaknesses: \_\_\_\_\_

16. Does this person now or ever have a drinking or drug abuse problem?

17. Has this person ever been arrested for an illegal activity, including drugs or DWI?

18. Do you know any reason why this applicant would not serve well as a volunteer driver?

*If you have any any additional information or comments about this applicant that you would like to share with us, please feel free to call. (907) 262-8900*

*Thank you for your cooperation!*

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

PHONE \_\_\_\_\_

**Central Area Rural Transit System, Inc.**

**Driver Evaluation**

Purpose: To provide transportation services people who need it.

Driver Name: \_\_\_\_\_ Evaluation Period: \_\_\_\_\_

Reason for Evaluation:                       Regular                       Probationary  
    Counseling                       Other (Specify)

**TASKS:**

1. Follow driver job description and understand the Driver Acknowledgment of Requirements.
2. Obey all Alaska State Laws and regulations.
3. Provide proof of automobile insurance coverage that meets minimum Alaska State requirements, to the Broker as required.
4. Keep appropriate mileage and receipts for billing purposes and turn billing in on time (by the 5th of the month following service).
5. Treat all clients with respect and provide a safe ride.
6. Report to Broker any problems or unusual circumstances as they occur.
7. Maintain professional appearance and make sure vehicle is clean inside and out for each trip assigned.
8. Work with appropriate staff during office hours to obtain pickup information on clients.

Performance Rating

	<u>Weak</u>	<u>Needs Improvement</u>	<u>Acceptable</u>	<u>Exceptional</u>
Reliability and Dependability	1	2	3	4
Communications 1	1	2	3	4
Habits and Appearance	1	2	3	4
Initiative	1	2	3	4
Attitude	1	2	3	4
Dedication	1	2	3	4
Safety and Compliance	1	2	3	4
Follows Policies and Instructions	1	2	3	4
Understanding of Job Description	1	2	3	4

Improvement Plan

Identify areas in which the driver needs to improve. Note specifically how the driver can make progress towards improvement goals.

- 1.
- 2.
- 3.
- 4.
- 5.

Supervisor Signature: \_\_\_\_\_ Evaluation Date: \_\_\_\_\_

Driver Acknowledgment of evaluation and comments: \_\_\_\_\_

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

