

Name _____ Home: _____ Cell: _____
 Address _____ City _____ Zip _____
 Email address: _____ Birthdate _____
 Emergency Contact (EC) _____
 EC Relationship _____ EC Phone: _____
 How do you wish to receive appointment reminders: Call Home _____ Call Cell _____ Text _____

We provide rides 8am – 5pm M – F. Please indicate times you are available to drive:

	Mon	Tues	Wed	Thurs	Fri
Morning (8am – 12pm)					
Afternoon (12pm – 5pm)					

How often are you willing to drive? _____ times per week _____ per month
 Are you available for last minute requests (week of the appointment)? ___yes ___no
 Would you be willing to drive outside our service area (Hines VA)? ___yes ___no
 Can you perform the essential functions of the job? (See service description) ___yes ___no
 Comments? _____

Type of vehicle you will drive (year/make or model/# of doors) _____
 Do you own this vehicle? ___yes ___no
 Do you have a valid Illinois Driver’s License? ___yes ___no
 In the last 5 years, have your driving privileges been suspended/revoked? ___yes ___no
 Have you ever received a hardship license (JDP)? ___yes ___no
 Have you ever been convicted of a crime? ___yes ___no

With your signature on this application as confirmation, you agree to Connections to Care:

Conducting a Criminal Record Background Check: ___yes___no (required)
 Conducting a Driving Record Check: ___yes___no (required)
 Contacting your Personal References: ___yes___no (required)
 Requesting proof of Car Insurance: ___yes___no (required)
 Requesting Physician’s Heath Clearance: ___yes___no (only if necessary)

Please provide us with 2 personal references (excluding relatives):

1) Name _____ Relationship _____ Phone _____
 Address _____ Zip _____
 Email: _____ Best way to contact: ___mail ___email

2) Name _____ Relationship _____ Phone _____
 Address _____ Zip _____
 Email: _____ Best way to contact: ___mail ___email

The above information is accurate and correct to the best of my knowledge. Connections to Care is not obligated to provide a replacement opportunity, nor am I obligated to accept the position offered.

Signature _____ Date _____



Volunteer Confidentiality Statement

Please review and sign

I, (please print) _____ understand and agree that in my performance of duties as a volunteer driver for Connections to Care, I must hold all client health information in the strictest of confidence.

I understand that a violation of any client's right to privacy or confidentiality of their health information may result in punitive action against me, possibly including immediate dismissal from volunteering.

I understand that I must be aware at all times of the client's right to privacy, including oral and written communication, anywhere, such as when I am in an elevator, hallway, or vehicle.

I understand that when I leave the client, I still have a continued responsibility to uphold the client's right to privacy. This means that I will not divulge or release confidential information about any client when I am off duty.

When I am no longer affiliated with Connections to Care, I also understand that I have continued responsibility to keep all clients' health information in the strictest confidence.

Signature

Date

1. **Call the passenger the day before to confirm ride details (including pick-up time).** Please call before **8pm** the day prior to the ride. You may leave a message unless noted in the comments.
2. **DO NOT GIVE THE PASSENGER YOUR PHONE NUMBER!** We ask that you dial *67 from your phone prior to the passenger's phone number (i.e. *67-1-847-222-9227) – this will temporarily block your phone number from showing up on their caller ID.
3. Try to be at the passenger's home at least 5 minutes prior to scheduled time. It's better for you to wait for them, rather than for the passenger to become too anxious.
4. Use seat belts at all times. It's the law for the passenger to use one, too. If they refuse (which can happen), do not drive them. Call the Connections to Care office immediately.
5. Only use your own car – NEVER use the passenger's car. You and Connections to Care are not insured otherwise.
6. Passenger must be able to get in and out of your car with minimal assistance; call the Connections to Care office immediately if this is not the case. **You are never to lift or transfer a passenger** – we do not want you OR the passenger to be injured.
7. If you have any concerns regarding the passenger or your assignment, please call the Connections to Care office so we can discuss them and/or contact their family if necessary.
8. Contact the Connections to Care office if you need to cancel your assigned ride.
9. **Please only accept rides that are listed on RideScheduler.** We kindly ask that you do not commit to taking a future ride for a passenger while you are with them. Please ask the passenger to call the office to schedule the appointment.
10. **Remember, that transportation is for medical appointments ONLY.** No other rides (grocery store, bank, drive-through restaurant, etc) are allowed. Our liability insurance does not cover any non-medical rides (a stop at a local pharmacy – for a prescription **only** – is allowed).
11. Keep track of your mileage. You may deduct the transportation expenses attributed to services provided on your income tax (if you do not receive reimbursement from the RSVP program).
12. Do not accept any money from the passenger for the ride. All donation requests are managed through the Connections to Care office.
13. Be willing to attend driver training and/or refresher courses as necessary.
14. Be willing to inform Connections to Care of any convicted driving or criminal violations that occur.

I, (please print) _____, hereby agree to the above volunteer guidelines as set forth by Connections to Care.

Your Signature

Date