



249 Poplar Avenue, Lovary, MN 56349
Fax: 320-283-5066 Phone: 320-283-5065
Dispatcher: 1-800-450-7770
E-mail: rainbowrider@rainbowrider.net
www.rainbowriderbus.com

Thank you for your interest in volunteer driving! Serving as a volunteer driver is very rewarding and interesting and volunteer drivers provide an invaluable service to the people of our area. Enclosed is a packet of information for you to complete and return to us if you wish to register. In addition, you will need to provide us with the following:

1. A copy of your proof of insurance card.
2. A copy of your driver's license

Please don't be discouraged by the amount of paperwork. You will only be asked to provide the registration information once and update your driver's license, insurance information and criminal background check once per year thereafter. Please call me at 1-800-450-7770 after you have had a chance to review these materials so we can discuss any questions or concerns you may have.

Sincerely,

Brenda Brittin, Director



249 Poplar Avenue, Lacey, MN 56349
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Volunteer Driver Job Description

- JOB TITLE:** Volunteer Driver
- RESPONSIBLE TO:** Rainbow Rider Transit Board
- LOCATION:** Douglas, Pope, Stevens and Traverse Counties and various points outside this territory.
- HOURS/DAYS PER WEEK:** Set by Volunteer
- GENERAL RESPONSIBILITIES:** Provide safe, reliable transportation to RRTB passengers who lack a reliable means of transportation. **Rides provided must be pre-authorized by a Rainbow Rider dispatcher.**
- PRINCIPLE RESPONSIBILITIES:**
1. Provide transportation in driver-owned vehicle to and from appointments for scheduled trips.
 2. Be informed of and carry out all Rainbow Rider Policies and procedures relating to providing the service.
 3. Document all appropriate data on log sheets.
 4. Document fare from passenger and turn into Rainbow Rider.
 5. Complete required monthly report for reimbursement and statistical data collection.
- REQUIREMENTS:**
1. Own safe, well-maintained vehicle.
 2. Have valid driver's license and good driving record.
 3. Carry automobile liability insurance that meets or exceeds Minnesota's minimum insurance requirements.
 4. Complete all registration forms.
 5. Follow documented codes of conduct.
 6. Complete orientation and training, if required.
- REIMBURSEMENTS:**
1. Mileage is reimbursed at (the current IRS rate) for **all** miles accrued in providing transportation for approved trips.
 2. Out-of-pocket expenses such as meals and parking will be reimbursed by the passenger's sponsoring program or by the client when applicable, NOT Rainbow Rider. When such costs are paid by the client, parking will be paid at the actual rate and meals and lodging are negotiable between the passenger and driver.

BENEFITS:

3. Required training is provided.
1. On-going support and community recognition.
2. Cooperation and leadership from Rainbow Rider.
3. Opportunity to contribute to your community.



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VOLUNTEER DRIVER CODES OF CONDUCT

- I will conduct myself with dignity, courtesy and consideration and be friendly and understanding.
- I will not make derogatory or discriminatory remarks to or about passengers because of age, color, creed, disability, marital status, national origin, race, religion, sex or status with regard to public assistance.
- I will not impose my religious or political beliefs or lecture passengers.
- I realize that sexual harassment or contact with passengers is inappropriate and not allowed.
- I will be punctual in the performance of my duties.

VOLUNTEER DRIVER 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 which 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 cost and reasonable attorney fees. In the case of willful violation, an agency is liable for between \$100 to \$10,000 per violation. Any person who willfully violates provisions of Minnesota Statutes 13.02 – 13.09 is guilty of a misdemeanor, while willful violation by an employee, including gratuitous staff, constitutes just cause of suspension or dismissal. However, more important than any possible willful violation of the Data Privacy Act by staff is the fact that all people have an inherent right to privacy regarding their particular problems and circumstances. Therefore, it is most important that staff treat all information received during the course of business as confidential. Information may be shared among fellow staff when it is appropriate and legal to do so, but staff must always be on guard against repeating information to anyone outside the employ of the agency. 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 is being discussed.

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

I recognize that as a Rainbow Rider volunteer driver I represent Rainbow Rider and the Rainbow Rider Transit Board. 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 and the confidentiality agreement.

 Volunteers Signature

 Date



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VOLUNTEER DRIVER INSURANCE REGISTRATION INFORMATION

Driver's License Number: _____ State: _____

Any citations/accidents in the past ten (10) years? Yes No If yes, explain: _____

Vehicle(s) to be used:

Make: _____ Year: _____ 2 Door _____ 4 Door _____

Make: _____ Year: _____ 2 Door _____ 4 Door _____

Name of Auto Insurance Company: _____ Phone Number: _____

Name of Insurance Agent: _____ Agency: _____ Phone: _____

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 Rainbow Rider Transit Board/Rainbow Rider permission to confirm this with my insurance agent as long as I am registered and serving as a volunteer driver.

Signature: _____ Date: _____

IN CASE OF EMERGENCY, NOTIFY: _____

Relationship: _____

Address: _____ Phone: _____



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VOLUNTEER DRIVER VEHICLE INSPECTION STATEMENT

(Certification not required - form can be completed by a mechanic or anyone else familiar with automobiles and capable of determining if your vehicle(s) is/are in good working order.

Volunteer Driver: _____

 Make of Vehicle #1 Vehicle License Plate Number

CHECK ITEMS THAT ARE SATISFACTORY

- | | | |
|---------------------------------------------|--------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Brakes | <input type="checkbox"/> Windshield Wipers | <input type="checkbox"/> Tires, Wheels, Rims |
| <input type="checkbox"/> Steering | <input type="checkbox"/> Mirrors | <input type="checkbox"/> Oil and Fluids |
| <input type="checkbox"/> Lights and Signals | <input type="checkbox"/> Exhaust | <input type="checkbox"/> Horn |

Overall Vehicle Condition Rating 1 2 3 4 5 6 7 8 9 10

Comments _____

If more than 1 vehicle will be used:

 Make of Vehicle #2 Vehicle License Plate Number

CHECK ITEMS THAT ARE SATISFACTORY

- | | | |
|---------------------------------------------|--------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Brakes | <input type="checkbox"/> Windshield Wipers | <input type="checkbox"/> Tires, Wheels, Rims |
| <input type="checkbox"/> Steering | <input type="checkbox"/> Mirrors | <input type="checkbox"/> Oil and Fluids |
| <input type="checkbox"/> Lights and Signals | <input type="checkbox"/> Exhaust | <input type="checkbox"/> Horn |

Overall Vehicle Condition Rating 1 2 3 4 5 6 7 8 9 10

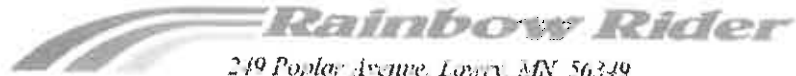
Comments _____

I understand vehicles should not be operating in such a condition liable to cause an accident or breakdown while serving as a Rainbow Rider Transit Board/Rainbow Rider Volunteer Driver.

 Volunteer Driver Signature Date

I believe this/these vehicle(s) is/are currently in a safe operating condition.

 Mechanic Date



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VOLUNTEER DRIVER MEDICAL STATEMENT

_____, has no known medical condition
and is taking no known medication which would interfere with the safe driving of a vehicle.

Physician's Signature

Date

Clinic or Hospital

Address

Phone Number



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INFORMED CONSENT FORM
MINNESOTA BUREAU OF CRIMINAL APPREHENSION (BCA)

The following named individual has made application with this agency for volunteer driving.

Full Name of Applicant: _____
 (Last) (First) (Middle) (Maiden,Former,Alias)

Date of Birth: _____ Social Security Number: _____
 (Month/Day/Year)

It is the policy of the Rainbow Rider Transit Board/Rainbow Rider that anyone will be prohibited from volunteer driving who:

- has been convicted within ten (10) years prior to volunteer driving of (a) felony or other crime involving harm to a person, or (b) driving while under the influence of alcohol or a controlled substance, or (c) careless or reckless driving, or
- has more than one (1) conviction of driving while under the influence of alcohol or a controlled substance, or
- has more than two (2) moving violations in the past five years, or
- has about them a substantiated report(s) of abuse or neglect of a minor(s) or vulnerable adult(s).

I authorize the Minnesota Bureau of Criminal Apprehension to disclose criminal history record information to the Rainbow Rider Transit Board/Rainbow Rider for the purpose of volunteer driving with this agency.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant

Date



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VOLUNTEER DRIVER REGISTRATION FORM

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Social Security Number: _____

Preferences:

Distance: <input type="checkbox"/> Local Area	<input type="checkbox"/> Out of Town (No Metro)	<input type="checkbox"/> Long Distance Including Metro
Months of year available: _____		
Days of week available: _____		

List any special training, skills, or previous volunteer services: _____

List any special requests you have regarding volunteer driving: _____

List any condition which may affect your driving abilities or ability to assist passengers to and from your vehicle: _____

VOLUNTEER DRIVER ENROLLMENT AGREEMENT

I, _____, volunteer my service through the volunteer driver program of Rainbow Rider Transit Board/Rainbow Rider and understand that I am not an employee. I agree to provide or consent to the following:

1. I will comply with the Code of Conduct rules; and
2. I will comply with the Confidentiality Policy; and
3. A proof of insurance card; and
4. A copy of my driving record and driver's license; and
5. A statement from a mechanic or other individual familiar with motor vehicles that the vehicle being used for volunteer driving is in safe operating condition; and
6. A statement to be signed by a physician that no current medical conditions exist nor am I taking any medication that could interfere with my ability to safely drive a motor vehicle. **(This does not mean a physical exam is required.)**
7. A signed, notarized release in order to conduct a criminal background check.

I give permission to use my name and/or picture in news stories, new releases, etc. Yes No

 Volunteer's Signature

 Date