

Delaware, Dubuque and Jackson
County Regional Transit Authority

7600 Commerce Park
Dubuque, IA 52002
1-800-839-5005

www.rta8.org



Become a Volunteer Driver....



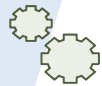
...And connect people to valuable
resources throughout your community!

Why Volunteer?

Connecting your community members to the resources they need

According to Helpguide.org volunteering has numerous benefits for you, your family and your community! Volunteering increases self-esteem, and helps volunteers find new interests and hobbies! Volunteering combats depression and even helps you stay physically healthy and fit! Volunteering also helps your community grow and thrive.

RTA volunteers also increase residents' health by getting passengers to their medical appointments and various other appointments throughout the community.



How it works:

- Pick up a volunteer drivers handbook (see page 3 for where you can get one), complete it and send it to the RTA
- The RTA will conduct the required background check
- After your application is submitted, the RTA will meet with you to discuss the skills you bring as a volunteer along with your schedule
- Volunteer drivers will be required to attend a brief training on volunteer responsibilities
- Once you are approved as a volunteer, the RTA will contact you for available rides. Your RTA schedule is flexible and you are not obligated to take every request
- Volunteers will be reimbursed \$0.48 for transporting RTA passengers

Volunteer



Flexible scheduling for Your convenience!



Web

Download a
Volunteer Drivers
Handbook at
www.rta8.org



E-Mail

E-Mail Bridget Bartlett at
BBartlett@ecia.org to get
a Volunteer Drivers
Handbook mailed directly
to you

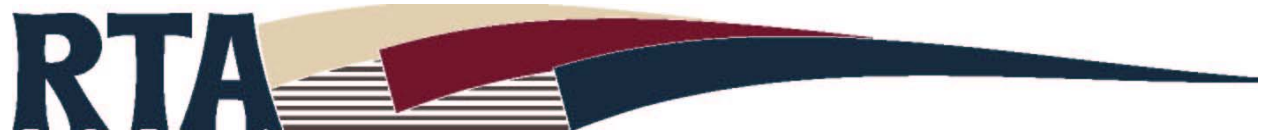


In Town

Pick up a Volunteer
Drivers Handbook at the
Regional Medical Center
at 709 West Main Street,
Manchester, IA

Or:

The Golden Age Senior
Center at 1208 West
Marion Street
Manchester, IA



**VOLUNTEER DRIVER
HANDBOOK
AND
APPLICATION PACKET**

VOLUNTEER DRIVER POLICIES

1. Volunteer transportation shall be available to anyone regardless of age, gender, race, economic status, national origin or disability. In order to receive the service, a person wishing transportation **MUST** call the RTA dispatcher and identify the requested day of transportation, time and purpose. The RTA reserves the right to require minimum ridership on all services. All requests for service will be coordinated with other requests as deemed appropriate.
2. Volunteers are **NOT** to accept ride requests directly from passengers. The Volunteer driver will only be reimbursed for transportation arranged by the dispatcher or approved by the dispatcher.
3. Volunteer drivers must provide the RTA with a Certificate of Insurance on the automobile to be used. Minimum Insurance limits are \$250,000/\$500,000 bodily injury liability, \$100,000 property damage liability, \$250,000/\$500,000 uninsured motorist liability and \$250,000/\$500,000 underinsured motorist liability. These standards are set for the protection of the volunteer driver. In the event of any accident, the volunteer's auto liability insurance will be the principle insurance. The RTA highly recommends that volunteers enhance their auto insurance by purchasing an "umbrella" policy that extends their liability coverage an additional \$1,000,000. The RTA will reimburse volunteer drivers for the cost of this additional coverage, up to a maximum of \$100 per year* to encourage volunteer drivers to do so for their own protection.
4. Volunteers must get the personal vehicle that they use for transporting clients inspected twice each year. The inspection will be created by the Transit Director and will be conducted by the service technician selected by the Transit Director.
5. Any accident or moving violation occurring once a driver is enrolled as a volunteer shall be reported by the driver in writing to the Transit Director. Such an incident may result in termination of the driver's participation.
6. All volunteer drivers shall be required to keep travel expense statements which will be submitted to the dispatcher at the end of each week. Those who fail to abide by this rule may have their reimbursement payments delayed.
7. Reimbursement for expenses will be made the last working day of the month following the provision of service.
8. Volunteer drivers will submit **ALL** manifests on a weekly basis to the assigned location. Manifests **MUST** be filled out accurately **AND** completely. Errors will be noted and corrected immediately.
9. Volunteer drivers will submit all reimbursement claims to the Finance Assistant who will review them for accuracy. The RTA Director will be the final authority concerning particular reimbursement claims.
10. Volunteer drivers will provide passengers with appropriate envelopes and forms for preparation. These forms are white for the Area Agency on Aging (AAA), yellow for Elderly Waiver, blue for Title XIX and green for all other general public rides. It is the dispatcher's responsibility to inform the driver which forms are required for each rider. Drivers will submit the donation envelopes, tickets, and cash to the designated collection site.
11. Volunteers must provide annually, a copy of certificate of insurance stating carrier and coverage. A "request for certificate of insurance" form is enclosed with your application packet. This form should be given to your insurance carrier to obtain your certificate of insurance.
12. Volunteers must submit annually to a motor vehicles record check.
13. Volunteers may also be required to attend a variety of safety trainings to be better equipped to provide safe service. Volunteers will be required to attend regularly scheduled meetings by the Regional Transit Authority.
14. All volunteers are required to fill out standard information forms. These forms include: Route manifest and all forms pertaining to specific clients (Title XIX, Elderly Waiver, AAA, contribution envelopes).

15. Volunteer drivers are able to choose their assignments. You will be encouraged to help us where it is of greatest mutual benefit. Ultimately, your choice of assignments is voluntary.
16. As a Volunteer driver, you will work regularly with several distinct rider groups including but not limited to:
17. Scenic Valley Area Agency on Aging (medical form)
18. As a driver, your responsibility is to ensure the safety and comfort of your passengers, delivering them to their destinations in a timely manner.
19. When a request for transportation is made, the dispatcher will attempt to locate an enrolled Volunteer driver. Once a driver has been found, the person wishing transportation will be contacted to confirm the trip. Determination of appropriate ride fare, ticket price and necessary paperwork is the responsibility of dispatch and NOT the responsibility of the driver. It is your role simply to provide safe, efficient friendly transportation to your passengers.

*Volunteers showing proof of umbrella coverage of \$1,000,000 or more will be compensated up to a maximum of \$100 per year for such coverage.



Regional Transit Authority

7600 Commerce Park Dubuque IA 52002

(563) 588-4592

(563) 557-3176 (fax)

VOLUNTEER DRIVER APPLICATION

COUNTY: _____

NAME: _____
(As it appears on your Driver License)

ADDRESS: _____

(Home Phone Number)

(Cell Phone Number)

(E-mail Address)

(Date of Birth)

(Driver's License Number)

AUTOMOBILE USED FOR VOUNTEER DRIVING INFORMATION

YEAR: _____ MAKE: _____ MODEL: _____

CURRENT ODOMOTOR READING OF AUTOMOBILE USED FOR VOLUNTEER DRIVING: _____

NAME & ADDRESS OF AUTOMOBILE INSURANCE COMPANY: _____

PLEASE INDICATE THE DAYS AND TIMES WHEN YOU WOULD GENERALLY BE AVAILABLE TO DRIVE: _____

HAVE YOU BEEN INVOLVED IN AN AUTOMOBILE ACCIDENT IN THE PAST FIVE (5) YEARS? _____
(YES OR NO)

IF YES, PLEASE EXPLAIN:

DATE & DESCRIPTION OF ANY MOVING VIOLATIONS IN THE PAST THREE (3) YEARS:

(If necessary, use another sheet of paper for additional comments)

DO YOU HAVE ANY RESTRICTIONS ON YOUR LICENSE? _____

IF YES, PLEASE EXPLAIN BELOW:

VOUNTEER DRIVING INFORMATION CONTINUED

HAVE YOU EVER HAD YOUR LICENSE SUSPENDED OR REVOKED? _____

IF YES, PLEASE EXPLAIN BELOW:

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A CRIME? _____

IF YES, PLEASE EXPLAIN BELOW:

NAME AND ADDRESS OF TWO REFERENCES

(Name) (Address)

(Name) (Address)

(APPLICANT'S SIGNATURE)

(DATE)

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT NAME _____

RELATIONSHIP _____ PHONE NUMBER _____

OTHER INFORMATION

ARE YOU WILLING TO TRANSPORT A FOLDING WHEELCHAIR? _____

DO YOU SPEAK ANY LANGUAGES OTHER THAT ENGLISH? _____

DO YOU HAVE ANY TRAINING IN FIRST AID OR CPR? _____

IF SO, ARE YOU CURRENTLY CERTIFIED IN EITHER? _____

VOLUNTEER AGREEMENT

This is a Volunteer Agreement between Regional Transit Authority, hereinafter "RTA", and the undersigned Volunteer, hereinafter "Volunteer".

WHEREAS, the Volunteer and RTA desire to enter into an Agreement to fully recognize the duties and responsibilities of each party.

NOW, THEREFORE, it is mutually covenanted and agreed by and between the parties hereto, as follows:

NOT CONTRACT OF EMPLOYMENT Volunteer understands and agrees that they are not an employee of RTA.

TERM OF AGREEMENT each party understands and agrees that this Agreement may be terminated at any time upon written notice delivered to the other. Said deliver includes depositing said written notice of the Exhibit "A" in the U.S. Mail to the stated address of the undersigned parties.

OBLIGATIONS AND REQUIREMENTS

1. Volunteer agrees to show proof of a current, valid Iowa driver's license, and/or provide RTA a certified driving record.
2. Volunteer will submit to an annual driving test/examination. Volunteer agrees to submit to a driving testing prior to beginning any duties.
3. If Volunteer uses his or her own vehicle for the transportation of an RTA passenger, the following terms and conditions will apply:
 - a. Volunteer's vehicle must carry insurance with policy limits as set by RTA ,and provide a certificate of insurance showing RTA as a named insured;
 - b. Volunteer's vehicle must be in a roadworthy condition, as determined by RTA, and subject to RTA inspection;
 - c. Volunteer will be reimbursed at the rate of \$0.445 per mile when using his or her own vehicle in the transportation of one or more RTA passengers.

DUTIES AND RESPONSIBILITIES Volunteer agrees to provide transportation to residents in rural areas of the counties served by RTA. Volunteer shall keep a log book of all transportation, which shall include: 1) date of pick up; 2) time of pick up; 3) name of the individual being transported; 4) location of the pick up; 5) time of drop off; 6) location of drop off; and, 7) total miles of each trip. Volunteers shall report to RTA's designated dispatcher with questions regarding duties, responsibilities, expenses, and any other questions.

ACKNOWLEDGMENT Volunteer understands that the position, as outlined in this Agreement, is a volunteer position. Volunteer shall not receive wages from RTA. Volunteer will not be eligible for workers compensation. Benefits will not be offered to Volunteer.

ENTIRE AGREEMENT This Agreement constitutes the entire agreement between the parties and supersedes any prior understandings or agreements between the parties, written or oral, to the extent applicable in any way to the subject matter hereof.

NOTICES All notices, requests, demands, claims, and other communications hereunder will be in writing. Any notice, request, demand, claim or other communication hereunder shall be deemed duly given if sent via regular mail and/or served in person to the intended recipient as set forth below:

IF TO THE COMPANY:

RTA
7600 Commerce Park
Dubuque, IA 52002

IF TO VOLUNTEER:

GOVERNING LAW This Agreement shall be governed by and construed in accordance with the laws of the State of Iowa.

SEVERABILITY Any term or provision of this Agreement that is invalid or unenforceable in any situation in any jurisdiction shall not affect the validity or enforceability of the remaining terms and provisions hereof, or the validity or enforceability of the offending term or provision in any other situation or in any other jurisdiction.

REGIONAL TRANSIT AUTHORITY;

VOLUNTEER

RTA STAFF

DATE: _____

DATE: _____

REQUEST FOR CERTIFICATION OF INSURANCE

Date: _____

To: _____
(My Auto Insurance Provider)

From: _____

Address: _____

City, State, Zip: _____

I am requesting a certificate of insurance showing that I have liability coverage at, or above, the following levels.

Bodily Injury Liability:	\$250,000 each person/\$500,000 each occurrence
Property Damage Liability;	\$100,000 each occurrence
Uninsured Motorists Liability:	\$250,000 each person/\$500,000 each occurrence
Underinsured Motorists Liability:	\$250,000 each person/\$500,000 each occurrence

I require this documentation so that I might serve as volunteer driver for the Regional Transit Authority (RTA), a non-profit organization.

I asked that this certificate of insurance be sent now and at the time of each renewal to:

Regional Transit Authority
7600 Commerce Park
Dubuque IA 52002

Thank you for your assistance in providing this information so I can volunteer my time.