



**DELAWARE COUNTY CONNECTIONS
VOLUNTEER DRIVER
APPLICATION PACKET**

VOLUNTEER DRIVER POLICIES

General Information:

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. Volunteer drivers are able to choose their assignments given by the RTA dispatchers. You will be encouraged to help us where it is of greatest mutual benefit. Ultimately, your choice of assignments is voluntary.

Reporting and Compensation:

3. Any accident or moving violation occurring once a driver is enrolled as a volunteer shall be reported by the driver in writing to the RTA Transit Manager. Such an incident may result in termination of the driver's participation.
4. All volunteer drivers shall be required to keep travel expense statements and send to the Mobility Coordinator at the end of each week. Those who fail to abide by this rule may have their reimbursement payments delayed.
5. Reimbursement for expenses will be made the last working day of the month following the provision of service.
6. 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.
7. Volunteer drivers will submit all reimbursement claims to the Finance Assistant who will review them for accuracy. The RTA Transit Manager will be the final authority concerning particular reimbursement claims.

Policies:

8. 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.
9. 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.

Safety:

10. Volunteers must provide annually, proof of insurance.
11. Volunteers must submit annually to a motor vehicle record check.
12. 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.



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)

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: _____

VOLUNTEER 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

DO YOU SPEAK ANY LANGUAGES OTHER THAN 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. Volunteer agrees to obtain a Class D - Chauffeur (Noncommercial) license with an Endorsement 3.
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 \$0.39 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: _____

Please Read Carefully Before Signing the Authorization

DISCLOSURE

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, Delaware Dubuque Jackson County Regional Transit Authority ("the Company") may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

IntelliCorp Records, Inc. can be contacted by mail at 3000 Auburn Dr, Suite 410; Beachwood, OH 44122; or phone: 1-888-946-8355; or website: www.intellicorp.net.

For explanation purposes:

- a "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize Delaware Dubuque Jackson County Regional Transit Authority to obtain and rely upon consumer reports or investigative consumer reports concerning me. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in their decision about me.

I do _____ do not _____ authorize you to contact *my current* employer for Employment and Reference Verifications

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

Printed Name

Applicant Signature

Date

Parent or Legal Guardian Signature
(for searches conducted on minors under the age of 18)

Date

INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN CALIFORNIA, MINNESOTA, AND OKLAHOMA

- You may request a free copy of any consumer report or investigative consumer report we obtain on you by checking the box.**

INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN MASSACHUSETTS AND NEW JERSEY

- By checking this box, you are acknowledging that you have been informed of your right to request a copy of the investigative consumer report we obtained on you and you are exercising your right to obtain a copy of that report.**

Personal Data

_____ Last Name	_____ First Name	_____ Middle Name
_____ Current Address		_____ Dates Lived Here
Addresses for the Past Seven Years: (include street, city, state, zip code)		Dates of Residence:
_____ _____ _____		_____ _____ _____
_____ Date of Birth	_____ other Names Used (including maiden name)	_____ Years Used
_____ Social Security Number	_____ Driver's License #	_____ State
_____ Email address (may be used for official correspondence)		

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me will be sufficient grounds for rejection or discharge.

_____ Printed Name	_____ Applicant Signature	_____ Date
-----------------------	------------------------------	---------------