



MOBILITY MANAGEMENT

Bringing the Community Together...One Mile at a Time

VOLUNTEER

Volunteer
Drivers
are Key



GIVE
A LIFT!

Handbook



Mile 2 Volunteer Driver Program

Title/Position: Volunteer Transportation Driver

Duties of Position:

- ✓ Be a careful and responsible driver
- ✓ Assist clients in and out of vehicle (door-to-door service)
- ✓ Use caution and good judgment at all times (A driver should never put themselves or a client in danger)
- ✓ Be on time and courteous to all clients
- ✓ Keep vehicle clean and in good working condition at all times
- ✓ Obey all traffic laws
- ✓ Do text or use cell phone while driving (Headsets/handless speakers are allowed)

Qualifications:

- ✓ Valid Virginia driver's license
- ✓ Current Virginia minimum liability insurance
 - ❖ \$25,000 Bodily injury, each person
 - ❖ \$50,000 Bodily injury, each accident
 - ❖ \$20,000 Property damage
- ✓ Vehicles must pass vehicle inspection, all seatbelts must be in proper working order
- ✓ Drivers must have a cell phone

Commitment:

- ✓ Drivers are expected to be available during the times they submit on the volunteer hours of availability sheet included in the volunteer driver handbook
- ✓ Volunteers are asked to give at least a 72hr notice if they are unable to work on one of the submitted times
- ✓ Drivers are expected to respond to a call from the Mobility Manager within 2 hours
- ✓ Drivers are expected to show insurance coverage & allow a DMV check annually

Benefits:

- ✓ Drivers will be reimbursed \$0.50/mile, calculated from volunteer's home
- ✓ Drivers are assisting their community and helping their neighbors
- ✓ Free transportation related trainings



Safety

Safety is a top priority!!! Here are some recommendations to avoid accidents and being safe during your trip.

- ✓ Use seatbelts and/or all required safety securements available at all times
- ✓ Be aware of your surroundings
- ✓ Review directions to the client's home & place of appointment before leaving home
- ✓ Call the Mobility Manager the day prior to recheck all details of the trip
- ✓ Conform to all safety laws, procedures, ordinances & policies
- ✓ Never transport a client who appears to be under the influence of drugs, alcohol, or is verbally abusive
- ✓ Leave in plenty of time (Anticipate highway traffic congestion, special events, road construction, or any other unexpected condition/event)
- ✓ Provide door-to-door assistance to all clients
- ✓ If you are going to arrive late, call the Mobility Manager; so that we can contact the client to make them aware of the situation
- ✓ Do not and do not allow you and/or clients to smoke, use drugs or consume alcohol in the vehicle
- ✓ If a medical emergency occurs call 911 & then contact the mobility manager
- ✓ Keep a positive, courteous, professional attitude at all times

*Remember if you have a question or do not feel comfortable with a situation call the Mobility Manger



Volunteer Statement of Understanding

The purpose of the Mile 2 Volunteer Driver Program is to provide safe and reliable non-emergency long distance medical transportation to meet the on-going health and medical needs of residents in the West Piedmont District.

Volunteers using their personal vehicle will be eligible to receive a \$0.50/mile reimbursement to help offset costs while providing transportation for the Mile 2 program.

The passenger(s) being transported by a volunteer driver are those who, have been approved by the mobility manager.

The Commonwealth of Virginia recommends the following minimum motor vehicle insurance coverage:

- ❖ \$25,000 Bodily injury, each person
- ❖ \$50,000 Bodily injury, each accident
- ❖ \$20,000 Property damage

I understand that I must meet these standards for motor vehicle insurance requirements. My personal insurance is the primary liability protection. Southern Area Agency (SAAA) will provide General Liability Insurance for the overall program operations and non-owned automobile liability for the volunteer drivers. I will provide a copy of my insurance policy declaration for (SAAA) on Aging to keep on file. If my insurance policy changes or is cancelled, I will notify the mobility manager immediately.

I have had no at-fault accidents in the past three years and agree to allow SAAA to verify my driving record with the Virginia Department of Motor Vehicles. I will allow SAAA to perform a Virginia background check.

My vehicle is mechanically sound and is equipped with working safety belts, which I will use and ensure that my passengers use while in transit. I will allow my vehicle to be inspected by a certified mechanic approved by the mobility manager.

I will protect the passenger's right to confidentiality and self-determination.

I have been provided with information about Mile 2 Volunteer Program, my role as a volunteer driver and I am aware of my responsibilities. I understand that I am a volunteer, not an employee of SAAA or any Partner Agency.

I have read and understand the above statement.

Signed: _____ Date: _____



Authorization To Obtain Motor Vehicle Record

Driver Motor Vehicle Records ("MVR's") are classified as privileged and copies may be released only to an employer, potential employer, or insurance agent/company who have been authorized in writing by such driver to obtain the MVR.

THE UNDERSIGNED HEREBY ACKNOWLEDGE AND CERTIFY AS FOLLOWS:

1. That the undersigned gives consent to the release of his or her Motor Vehicle Record ("MVR") for review by :

Southern Area Agency on Aging
Name of Employer or Potential Employer

2. That the undersigned authorizes his or her MVR to be periodically obtained and reviewed for the purpose of initial and continued employment.

3. That the undersigned gives his or her consent to the release of the MVR for review by:

Southern Area Agency on Aging
Name of Employer or Potential Employer

4. That the undersigned understand that his or her MVR may also be provided to insurance companies for the purpose of determining the insurability of certain hazards.

Name of volunteer: _____

License Number & State: _____

Date of Birth: _____

Signature: _____ Date: _____



Volunteer Hours of Availability

Volunteer Name: _____

Day of the Week	Morning 5am-11am	Afternoon 11am-6pm	Night 6pm-12am
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

*Specify exactly what hours each day