URBAN/RURAL RIDES
TRANSPORT URBAIN/RURAL

Fax: 506-576-2204

URBAN/RURAL RIDES: VOLUNTEER DRIVERS

GENERAL

Volunteer drivers will keep a mileage log and will submit it to the ride coordinator by the end of every month. We will reimburse the volunteer .50 cents per km.

All information is confidential--the volunteer driver will need to sign an oath of confidentiality form. The volunteer will have to sign a request form for a criminal background check, an emergency contact form, and the volunteer will need to supply proof of insurance (for minimum \$2-million coverage).

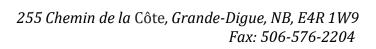
Urban/Rural Rides will reimburse the cost of coverage up to \$80.00 for drivers who volunteer at least half a day per week for 6 months.

If the oath has been breached, the volunteer driver will be terminated. In the event of a lawsuit, Urban/Rural Rides will not be responsible.

Urban/Rural Rides will provide volunteer drivers with driver ID cards.

APPLICATION FOR THE POSITION OF VOLUNTEER DRIVER

First Name:	Last Name:	-	
Address:	Postal Code:	_	
Telephone:	Cell Phone:		
E-Mail:	Date of Birth:		
Preferred Method of Communication:			
Oral:EnglishFrench			
Written:EnglishFrench			
Phone EmailText	(Please indicate preferred method of com	munication for rides)	
Please indicate the days you would be a	vailable on a weekly basis:		
MondayTuesdayWednesday_	ThursdayFridaySaturdaySund	layStandby	
Are you willing to be included on our sho	ort notice list? YesNo		
(This is a list we use when a driver is un	able to respond to a scheduled trip)		





Please provide your D	river's License Number:
What is the year, make	e and model of your vehicle:
Please provide your pl	ate number of your vehicle
What is the maximum	number of riders you can carry?
Are you comfortable p	roviding assistance to people with mobility issues:
Would you be willing to	o use a car seat if provided and installed by the parent: YesNo?
Additional Document	ation
The volunteer driver w	ill also need to submit the following documents upon application:
b) c) d) e) f) g) h) i)	Proof of \$2 Million Liability Automobile Insurance Criminal Background Check and Vulnerable Sector Check (forms are provided by the RCMP) A signed and completed Vulnerable sector form (SD) so we can request the check or your behalf A copy of Driver's License A copy of vehicle Registration Vehicle Inspection (yellow sheet) A driver's abstract (we will order this for you online) Two references A headshot photo for your ID card. (a pic from a smart phone is sufficient)
Emergency Contact I	
Please Provide Two I	References
Name:	
	Work # /Cell:
Telephone # (home):_	Work # /Cell:



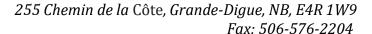
VOLUNTEER DRIVER AGREEMENT

BETWEEN:	Urban/Rural Rides,(represented by):		
		Ride Coordinator	
AND			
		Volunteer Driver	

SUMMARY OF AGREEMENT

The volunteer driver is responsible for using his/her own car for transporting Urban/Rural Rides clients. Volunteer drivers receive reimbursement for mileage at the rate of \$0.50 per kilometer. Payments will be made monthly after the submission of reimbursement forms.

- I have informed my insurance company of my situation as volunteer driver and have submitted a certificate.
 I agree to keep a personal liability insurance and insurance against property damage of at least two million dollars (\$2,000,000).
 I am aware that the agency will cover the extra cost up to \$80.00 in return for the driver volunteering a half a day per week for at least 6 months.
- 2. I promise to keep the vehicle I use in good condition.
- 3. I intend to check road conditions before each trip and contact the ride coordinator if I have any doubts due to road conditions or other factors.
- 4. I agree to notify the ride coordinator of any situation that could affect my ability to drive.
- 5. I will make sure that all passengers wear their seat belts.
- 6. I agree to follow the rules of the road as shown in the Official New Brunswick Driver's Handbook published by the Department of Transportation. Violations will be paid by the volunteer.
- 7. I agree to park only in designated parking areas. Parking tickets must be paid by the volunteer driver.
- 8. I intend to immediately inform the ride coordinator of any breach of traffic regulations, any accident, any infraction of traffic laws, and any convictions related to violence, weapons, drugs, or alcohol.
- 9. I agree to maintain the confidentiality of client information.
- 10. I intend to have a positive, courteous, and professional attitude with regard to office employees, clients, and the community.





11. I know that if I do not comply with the policies and procedures of the agency, if the agency determines that I pose a risk to vulnerable clients, or if my skills are not maintained, the agency may immediately terminate my voluntary participation.

I understand that this Agreement is based on voluntary participation and does not constitute an offer of employment or eligibility for employee benefits.

I have read and understood this Agreement.

Signature of Volunteer Driver

Date

Signature of Ride Coordinator

Date



ADDITIONAL INFORMATION

1. GENERAL

- Do not enter the client's home.
- It is highly recommended to not give your personal phone number to a client. If the client needs to get in touch with you, they can call your Ride Coordinator, who will relay the message to you.
- > Do not smoke, eat, drink, wear headphones, or talk on the phone while driving clients.
- Do not allow passengers to eat or drink in a moving vehicle.
- > Cancel your trip if you are sick or if you do not feel comfortable driving in bad weather.
- Do not drive clients unless all passengers are safely secured in the vehicle (eg., bad car seat = no travel; no seat belt = no travel).
- Ensure that children under 13 are sitting in the back seat of the vehicle.
- If your passenger suffers a medical emergency during the trip, the first thing is to call 9-1-1 and get professional help. If you are near a hospital, immediately take your passenger to the emergency room and call the ride coordinator to inform him/her of the situation.
- > If a client falls, do not pick them up but call 9-1-1 immediately if they are unable to get up on their own

2. Contact info

Capital Region (Fredericton Area) Tel: 506-999-2102 e-mail: gfaurbanruralrides@gmail.com
Fundy Region (Saint John Area) Tel: 506-977-9433 e-mail: fundyurbanruralrides@gmail.com
Miramichi Region Tel: (506) 251-7334 email: miramichiurbanruralrides@gmail.com
Northwest Region (Edmundston Area) Tel: 506-501-9001 email: nwurbanruralrides@gmail.com
Southeast Region (Moncton Area) Tel: 506-962-3073 email: urbanruralrides@gmail.com
Western Valley Region (Perth Andover Area) Tel: 506-503-3004 email: wvurbanruralrides@gmail.com
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OATH OF CONFIDENTIALITY

As a volunteer driver for Urban/Rural Rides, I, the undersigned,
agree to maintain in perpetuity the confidentiality of all information relevant to clients or staff of Urban/Rural
Rides.
Name of Volunteer: (Print):
Signature of Volunteer:
Date:
I have explained the implications of signing the oath of confidentiality to
information confidential.
Date:
Ride Coordinator:



Representative Royal Canadian Mounted Police Province of New Brunswick

To Whom It May Concern

This letter is to certify that Urban/Rural Rides is incorporated in the Province of New Brunswick as a non-profit organization BN # 82538938RR0001, providing dial-a-ride services to individuals in New Brunswick and that the person named below has applied to become a volunteer driver in this organization. An appropriate check for Criminal records is being requested.

Name of applicant for volunteer driver:		
Sincerely,		

Kelly Taylor Executive Director Urban/Rural Rides