255 Chemin de la Côte*, Grande-Digue, NB, E4R 1W9*
Fax: 506-576-2204

URBAN/RURAL RIDES
TRANSPORT URBAIN/RURAL

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 .54 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:____English_____French

Written:____English____French

Phone _____ Email_____Text _____ (Please indicate preferred method of communication for rides)

Please indicate the days you would be available on a weekly basis:

Monday____Tuesday____Wednesday____Thursday____Friday____Saturday____Sunday____Standby ____

Are you willing to be included on our short notice list? Yes_____No_____

(This is a list we use when a driver is unable to respond to a scheduled trip)

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Please provide your Driver's License Number: _____

What is the year, make and model of your vehicle: _____

Please provide your plate number of your vehicle _____

What is the maximum number of riders you can carry? _____

Are you comfortable providing assistance to people with mobility issues: _____

Would you be willing to use a car seat if provided and installed by the parent: Yes_____No_____?

Additional Documentation (once this registration form is received a staff member will assist you in gathering the following documents)

The volunteer driver will also need to submit the following documents upon application:

a) Proof of $2 Million Liability Automobile Insurance (we will give you a letter to take to your insurance company)
b) Criminal Background Check and Vulnerable Sector Check (to be done at the local RCMP or police station. We will provide you with a letter confirming you are a volunteer)
c) A signed and completed Social Development check form (we will provide the form to complete and we will request the check on your behalf)
d) A copy of Driver's License (front side only)
e) A copy of vehicle Registration
f) Vehicle Inspection (yellow sheet)
g) A driver's abstract (we will order this for you online)
h) Two references
i) A headshot photo for your ID card. (a pic from a smart phone is sufficient)

Emergency Contact Information

Name: _____

Telephone # (home):_____Work # /Cell: _____

Please Provide Two References

Name: _____

Telephone # (home):_____Work # /Cell: _____

Name: _____

Telephone # (home):_____Work # /Cell: _____

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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 $0.54 per kilometer. Payments will be made monthly after the submission of reimbursement forms.

1. 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.

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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

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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 email: gfaurbanruralrides@gmail.com
Chaleur Region Tel: 506-220-0018 email: chaleururbanruralrides@gmail.com
Fundy Region (Saint John Area) Tel: 506-977-9433 email: fundyurbanruralrides@gmail.com
Kings Region Tel: 506-512-0596 email: kingsurbanruralrides@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 Urban Area) Tel: 506-962-3073 email: seurbanruralrides@gmail.com
Southeast Region Rural Area Tel:506-858-5086 email: urbanruralrides@gmail.com
Western Valley Region (Woodstock Area) Tel: 506-503-3004 email: wvurbanruralrides@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_____,
and it seems clear that he/she understands the contents of this oath and is aware of the need to keep all information confidential.

Date: _____

Ride Coordinator: _____

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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