



## WA TRANSPO: VOLUNTEER DRIVERS

### GENERAL

Volunteer drivers will keep a mileage log and will submit it to the coordinator/dispatcher by the end of every month. We will reimburse the volunteer .35 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).

WA Transpo 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, WA Tranpo will not be responsible.

WA Transpo will provide volunteer drivers with First Aid Kits, driver ID cards, and for the more active drivers, advertising magnets for their vehicles.

### APPLICATION FOR THE POSITION OF VOLUNTEER DRIVER

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Sex: \_\_\_ Female \_\_\_ Male

Date of Birth: \_\_\_\_\_

Preferred Method of Communication:

Oral: \_\_\_ English \_\_\_ French

Written: \_\_\_ English \_\_\_ French

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)*



Please provide your Driver's License Number: \_\_\_\_\_

What is the year and make 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: \_\_\_\_\_

Do you have an installed and approved car seat for children: Yes \_\_\_ No \_\_\_

If yes – is the seat forward facing \_\_\_ or rear facing \_\_\_?

If no car seat installed would you be willing to use a car seat if provided by RR Rural Rides and installed by the parent: Yes \_\_\_ No \_\_\_?

### **Additional Documentation**

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

- a) Proof of Automobile Insurance
- b) Two References
- c) Criminal Background Check (forms are provided by the RCMP)

### **Emergency Contact Information**

Name: \_\_\_\_\_

Telephone # (home): \_\_\_\_\_ Work # /Cell: \_\_\_\_\_

### **Alternative Contact**

Name: \_\_\_\_\_

Telephone # T (home): \_\_\_\_\_ Work # /Cell: \_\_\_\_\_

\_\_\_\_\_  
Signature of volunteer driver

\_\_\_\_\_  
Date



**VOLUNTEER DRIVER AGREEMENT**

BETWEEN: WA Transpo,(represented by):

\_\_\_\_\_ Coordinator/Dispatcher

AND

\_\_\_\_\_ Volunteer Driver

**SUMMARY OF AGREEMENT**

The volunteer driver is responsible for using his/her own car for transporting Tele-Drive Albert County clients. Volunteer drivers receive reimbursement for mileage at the rate of \$0.35 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 coordinator/dispatcher if I have any doubts due to road conditions or other factors.
4. I agree to notify the coordinator/dispatcher 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 coordinator/dispatcher 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.



83 Horsman St. Salisbury, NB, E4J 2H3  
Phone/Fax: 215-2100 Email: r.r.ruralrides@gmail.com



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 Coordinator/Dispatcher

\_\_\_\_\_  
Date



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**OATH OF CONFIDENTIALITY**

As a volunteer driver for WA Transpo, I, the undersigned \_\_\_\_\_,  
agree to maintain in perpetuity the confidentiality of all information relevant to clients or staff of WA Transpo.

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: \_\_\_\_\_

Coordinator/Dispatcher: \_\_\_\_\_



## **HEALTH AND SAFETY**

### **1. GENERAL**

- Do not enter the client's home.
- 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 coordinator/dispatcher to inform him/her of the situation.
- If a client falls, do not pick them up but call 9-1-1 immediately.

### **2. PROCEDURES/ROAD ACCIDENTS**

In the case of an automobile accident/collision:

1. Do not leave the scene if you are involved in an accident/incident.
2. Stay calm.
3. Try to ensure the safety of all those involved.
4. Call 9-1-1 or have someone do it.
5. Do not move an injured person until emergency personnel arrives, unless the person could be injured further; for example, if the individual is left in the vehicle, and the vehicle catches fire.
6. Provide first aid if necessary. (Stop the bleeding; ensure breathing; treat shock.)
7. Identify witnesses.
8. Do not discuss responsibility.
9. Exchange insurance information.
10. Obtain a copy of the police/incident report and # of the report, where appropriate.
11. Contact the coordinator/dispatcher and advise the dispatcher if you are able to continue or please ask that someone ensure transportation of the passenger(s).



**ROAD ACCIDENT REPORT**

1. Name of Volunteer Driver \_\_\_\_\_
2. Date of Accident: \_\_\_\_\_
3. Time of Accident: \_\_\_\_\_
4. Location of Accident: \_\_\_\_\_
5. Name, Address and Telephone # of the People Involved:

Name	Address	Telephone #

6. Name and Telephone # of Witnesses of the Accident/Incident:

Name	Telephone #

7. Details:
   
\_\_\_\_\_
   
\_\_\_\_\_
   
\_\_\_\_\_
   
\_\_\_\_\_
   
\_\_\_\_\_

8. Signature of Volunteer Driver: \_\_\_\_\_ Date \_\_\_\_\_



## PROCEDURES REGARDING CAR SEAT LAWS IN NB

**EFFECTIVE MAY 1, 2008**

It is the law in New Brunswick that children traveling in vehicles are safely secured in a car seat or booster seat that is appropriate for their age, weight, and height.

### REAR-FACING SEAT

Infants must be secured in a rear-facing seat until at least one year old **and** 10 kg (22 lbs).

### FORWARD-FACING SEAT

A child must be at least one year and 10 kg (22 lbs) before he/she can be placed in a forward-facing seat. A child must remain in a forward-facing seat until he/she is a minimum of 18 kg (40 lbs).

### BOOSTER SEAT

Effective May 1, 2008, in New Brunswick, a child may be in a booster seat if they are a minimum of 18 kg (40 lb) until the child meets **one** of the following criteria:

- 9 years old
- 36 kg (79-80 lbs)
- 145 cm (4' 9")

### SEAT BELT

Children can use an adult seat belt when they are 9 years old **or** 145 cm (4 feet, 9 inches) **or** 36 kg (79 -80 lbs).

*The law outlines the minimum safety standard for children in cars. You may choose to keep your child rear facing, forward facing, or in a booster seat longer. Check your car seat for the height and weight limits.*





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Representative  
Royal Canadian Mounted Police  
Province of New Brunswick

***To Whom It May Concern***

This letter is to certify that RR Rural Rides Ltd. is incorporated in the Province of New Brunswick as a non-profit organization BN # 823056437NP0001, 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:

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Sincerely,

Kelly Taylor  
Manager  
RR Rural Rides Ltd.