



Informed Consent Form

Criminal Background Check

Western Community Action
Transportation Department
400 West Main Street, Suite 201
Marshall, MN 56258

The following named individual has submitted an application to Western Community Action, Inc. transportation services.

Full name of applicant:

Last	First	Middle	(Maiden, Former, Alias)	
-------------	--------------	---------------	--------------------------------	--

Address: _____

Street	City	State	Zip Code
---------------	-------------	--------------	-----------------

Date of Birth: _____ **Social Security Number:** _____

Month	Day	Year
--------------	------------	-------------

Minnesota Drivers License Number: _____

Telephone Number: _____

It is the policy of Western Community Action, Inc. that anyone will be prohibited from servicing passengers for Western Community Action, Inc. transportation services who:

- has about them a substantiated report(s) of abuse or neglect of a minor(s) or vulnerable adult(s).

I authorize the Minnesota Bureau of Criminal Apprehension to disclose criminal history information to Western Community Action, Inc. administrative staff for the purpose of performing services for the transportation program.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature:

Signature of Applicant: _____ Date: _____

Notary Public:



Informed Consent Form

Driver's License/Violation Check

Western Community Action
Transportation Department
400 West Main Street, Suite 201
Marshall, MN 56258

The following named individual has made application with Western Community Action public transportation services.

Full Name of Driver Applicant: _____
Last First Middle

Driver's License Number: _____

Date of Birth: _____
Month Day Year

It is the policy of Western Community Action, Inc. that anyone will be prohibited from driving a vehicle for Western Community Action, Inc. public transportation services unless for the past three years:

- (a) have not had a driver's license canceled under Minnesota Statutes, chapter 171 revoked under Minnesota Statutes, chapter 171, or suspended under Minnesota Statutes, chapter 171;
- (b) have a driving record clear of convictions for driving a motor vehicle without a valid current license for the class of vehicle driven;
- (c) for the preceding three years, have a driving and criminal record clear of convictions for driving under the influence of alcohol or a controlled substance under Minnesota Statutes, chapter 169, or an ordinance in conformity with that section, of alcohol-related driving by commercial vehicle drivers under Minnesota Statutes, chapter 169, and of driver's license revocations under Minnesota Statutes, chapter 169.

I willfully disclose this information to Western Community Action.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature:

Signature of Driver Applicant

Date

Reviewer's Signature

Date



WELCOME

On behalf of Western Community Action we would like to welcome you as a volunteer with our Transportation Program. With your assistance, we can provide a service that otherwise could not be provided. We thank you for dedicating your time and talents. We believe that you are unique because you have learned how to give of yourself to help others.

CODE OF CONDUCT FOR VOLUNTEERS

I will conduct myself with dignity, courtesy, and consideration. I will conduct myself in a professional manner and at the same time be friendly, understanding and courteous. (I will greet all passengers with a smile!!)

I realize, since I am a volunteer, I do not receive payment for my time. Furthermore, I will not insinuate or accept tips or request that my meals be paid by passengers.

Having been accepted as a volunteer, I will provide service according to the agency standards for paid staff and treat my volunteer work as seriously as if I were paid for it.

As a volunteer, I will not make derogatory or discriminatory remarks to or about passengers because of race, color, creed, religion, national origin, sex, disability, age, marital status, or status with regard to public assistance.

I will not impose my religious beliefs or lecture passengers.

I realize that sexual harassment or contact with passengers is inappropriate and not allowed.

I will not use alcoholic beverages or mood altering drugs while serving as a volunteer.

I will be punctual in the performance of my duties.

I understand I must respect the privacy rights of the passengers I serve. The Minnesota Government Data Privacy Act states that personal, medical, psychiatric and financial information is private, not public data. Information on these subjects may be shared with a dispatcher or other staff only if it is necessary in relation to the passenger's transportation needs.

I recognize that as a volunteer, I represent Western Community Action. I have an obligation to uphold these codes of conduct.

Signature

*** Volunteers violating codes of conduct may be dismissed at any time. ***



WESTERN COMMUNITY ACTION

**Volunteer Driver Transportation Program
Vehicle Inspection Statement**

Volunteer Driver Name **Date**

Make of Vehicle **Vehicle License Plate #** **Color** **2dr/4dr**

Make of Vehicle **Vehicle License Plate #** **Color** **2dr/4dr**

ITEMS CHECKED SATISFACTORY

___ Brakes ___ Windshield Wipers ___ Tires, Wheels, Rims
___ Steering ___ Mirrors ___ Oil and Fluids
___ Lights and Signals ___ Exhaust ___ Horn ___ Other _____

Comments: _____

I understand vehicles should not be operated in such a condition liable to cause an accident or breakdown while serving as a Volunteer Driver for Western Community Action, Inc.

Signature - Volunteer Driver

I certify this vehicle(s) is currently in a safe operating condition.

Signature of Mechanic **Phone No.** **Date**

Name & Address of Auto Shop or Auto Dealer

WESTERN COMMUNITY ACTION

**Volunteer Driver Transportation Program
Volunteer Driver Medical Statement**

(Volunteer Driver's Name) has no known medical condition which would interfere with safe driving of a vehicle.

Physician's Signature

Name of Physicians Office or Clinic

Date

Address of Physicians Office or Clinic



VOLUNTEER DRIVER REGISTRATION FORM WESTERN COMMUNITY ACTION

Name _____ Birth date: _____

Address _____ City _____ Zip _____

Phone No. _____ Cell Phone or On Star No. _____ County _____

Check Driving Preference: _____ Local Area Trips _____ Out of Town (No Metro)
_____ Long Trips including Metro Area

List any special training, skills or previous Volunteer Services.

INSURANCE REGISTRATION INFORMATION (For Volunteer Drivers)

Driver's License Number _____

Any citations or accidents? _____ When? _____

Vehicles to be used:

Make _____ Year _____ (____ Two-door or ____ Four-door)

Make _____ Year _____ (____ Two-door or ____ Four-door)

Name of Auto Insurance Company _____

Name of Insurance Agent _____ Phone No. _____

Auto Insurance Policy No. _____

***A copy of your Proof of Insurance Card and Drivers License is required when registering.

I hereby state that I am carrying and will continue to carry automobile liability insurance that meets or exceeds Minnesota minimum financial responsibility requirements. I give Western Community Action permission to confirm this with my insurance agent as long as I am registered and serving as a volunteer driver.

IN CASE OF EMERGENCY NOTIFY _____

Phone No. _____ Address _____

ENROLLMENT AGREEMENT:

I, _____, volunteer my service through the Volunteer Transportation Program of Western Community Action and understand that I am not an employee. I agree to provide or consent to the following: (1) A statement to be signed by a physician that no current medical conditions exist which interferes with my ability to safely drive an automobile. (This does not mean a physical exam is required.); (2) A signed release to verify my driving record, as well as a Criminal Background Check required by certain agencies; (3) A statement from a local mechanic that the vehicle being used for volunteer driving is in safe operating condition; and (4) I will comply with the Code of Conduct Rules.

I give permission to use my name and/or picture in news stories, news releases, etc. to help promote the program.
_____ Yes _____ No

Volunteer's Signature

Date

Director's Signature

Date