

## Volunteer Driver Application

Please complete the required forms and then send them back to our office along with the required photocopies. Feel free to come into the office and use our photocopier.

Please remember to sign the last page of the Handbook **after** you have read the handbook! We will notify you in the event of a problem/issue/concern. Assuming that your driver's license check and background check are fine, you'll hear from us when we call asking about a possible trip.

### Required Forms for Volunteer Program

- Volunteer Application ]bW X]b[ 'K !-
- Release of Information Zcf`]WbgYUghfUMUbXVUW[ fci bXWYW
- Photocopy of Valid Driver's License
- Photocopy of Current Vehicle Insurance Policy Declaration Page
- Photocopy of Last Page of Volunteer Driver Handbook

This  
Page  
Intentionally  
Left  
Blank

# LIFT

Southwest Wisconsin Transit

SWT-LIFT ☒ 201 S Iowa Street ☒ Dodgeville, WI 53533 ☒ 1-877-798-5438

Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Interested In:**  Driving

Other (Please Describe) \_\_\_\_\_

**Present/Past Work Experience:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Skills/Knowledge:** \_\_\_\_\_

\_\_\_\_\_

**Do you have any physical limitations that would affect your volunteer service?**

Yes  No

**Able to Get In/Out of Car?**  Yes  No

**Please provide us with three references that are not related to you:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Return completed form to LIFT at address above.**



SWT-LIFT ☒ 201 S Iowa Street ☒ Dodgeville, WI 53533 ☒ 1-877-798-5438

**VOLUNTEER AUTHORIZATION FOR DRIVER'S LICENSE (PARS ABSTRACT) CHECK**

I understand that SWCAP may obtain background information about me for my volunteer position and I understand that such information may include information about my criminal and driving history as well as information regarding my general character and reputation. I hereby authorize any business, organization, government agency, entity or individual to release to SWCAP any information held by them regarding my criminal and driving history. I understand that any information obtained about me may be reviewed initially and periodically by SWCAP. I agree that falsification of information needed to facilitate a background check may make me ineligible for a volunteer position.

I understand that driving a company vehicle (or my own vehicle, as required) is a requirement of the position I am being considered for and that having and maintaining a satisfactory driving record is a condition of my volunteer position. I agree to allow SWCAP to check my driving record prior to volunteering and to check it periodically thereafter. I further agree to report any license suspensions, accidents or offenses, or any other condition that may affect my ability to drive a SWCAP vehicle (or my own vehicle, if I am required to drive) to my direct report immediately.

I understand that SWCAP will not furnish background information about me to a third party without my written consent.

I agree to release and hold harmless SWCAP, its employees and those who supplied it with the information from any claims, or requests for damages, costs, attorneys' fees or other amounts incurred by me as a result of the obtainment, forwarding, or use of the aforementioned background information. I further release SWCAP and their respective owners, officers, agents and employees from any and all liability arising out of errors and omissions related to the obtainment or use of background information about me.

\_\_\_\_\_  
Print Name

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

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State of License

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## BACKGROUND INFORMATION DISCLOSURE (BID) INSTRUCTIONS

The Background Information Disclosure form (F-82064) gathers information as required by the Wisconsin Caregiver Background Check Law to help employers and governmental regulatory agencies make employment, contract, residency, and regulatory decisions. Complete and return the entire form and attach explanations as specified by employer or governmental regulatory agency. **NOTE:** If you are an owner, operator, board member, or non-client resident of a Division of Quality Assurance (DQA) facility, complete the BID, F-82064, and the Appendix, F-82069, and submit both forms to the address noted in the Appendix Instructions.

### CAREGIVER BACKGROUND CHECK LAW

In accordance with the provisions of Chapters 48.685 and 50.065, Wis. Stats., for persons who have been convicted of certain acts, crimes, or offenses:

1. The Department of Health Services (DHS) may not license, certify, or register the person or entity (Note: Employers and Care Providers are referred to as "entities");
2. A county agency may not certify a child care or license a foster or treatment foster home;
3. A child placing agency may not license a foster or treatment foster home or contract with an adoptive parent applicant for a child adoption;
4. A school board may not contract with a licensed child care provider; and
5. An entity may not employ, contract with or, permit persons to reside at the entity.

The list of offenses affecting caregiver eligibility that require rehabilitation review is available from the regulatory agencies or through the Internet at <http://DHS.wisconsin.gov/caregiver/StatutesINDEX.HTM>.

### THE CAREGIVER LAW COVERS THE FOLLOWING EMPLOYERS / CARE PROVIDERS (Referred to as "Entities"):

Programs Regulated under Chapter 48, Wis. Stats.	Treatment Foster Care, Family Child Care Centers, Group Child Care Centers, Residential Care Centers for Children and Youth, Child Placing Agencies, Day Camps for Children, Family Foster Homes for Children, Group Homes for Children, Shelter Care Facilities for Children, and Certified Family Child Care.
Programs Regulated under Chapters 50, 51, and 146, Wis. Stats.	Emergency Mental Health Service Programs, Mental Health Day Treatment Services for Children, Community Mental Health, Developmental Disabilities, AODA Services, Community Support Programs, Community Based Residential Facilities, 3-4 Bed Adult Family Homes, Residential Care Apartment Complexes, Ambulance Service Providers, Hospitals, Rural Medical Centers, Hospices, Nursing Homes, Facilities for the Developmentally Disabled, and Home Health Agencies – including those that provide personal care services.
Others	Child Care Providers contracted through Local School Boards

### THE CAREGIVER LAW COVERS THE FOLLOWING PERSONS:

- Anyone employed by or contracting with a covered entity who has access to the clients served, except if the access is infrequent or sporadic and service is not directly related to care of the client. Exception: Emergency medical technicians and first responders are not covered under the Caregiver Law.
- Anyone who is a Child Care Provider who contracts with a School Board under Wisconsin Statute 120.13 (14).
- Anyone who lives on the premises of a covered entity and is 10 years old or over, but is not a client ("non-client resident").
- Anyone who is licensed by DHS.
- Anyone who has a foster home licensed by DHS.
- Anyone certified by DHS.
- Anyone who is a Child Care Provider certified by a county department.
- Anyone registered by DHS.
- Anyone who is a board member or corporate officer who has access to the clients served.

### FAIR EMPLOYMENT ACT

Wisconsin's Fair Employment Law, Chapters 111.31 – 111.395, Wis. Stats., prohibits discrimination because of a criminal record or pending charge; however, it is not discrimination to decline to hire or license a person based on the person's arrest or conviction record if the arrest or conviction is substantially related to the circumstances of the particular job or licensed activity.

### PERSONALLY IDENTIFIABLE INFORMATION

This information is used to obtain relevant data as required by the provisions set forth by the Wisconsin Caregiver Background Check Law. Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches. For example, the Department of Justice uses social security numbers, names, gender, race, and date of birth to prevent incorrect matches of persons with criminal convictions. The Department of Health Services' Caregiver Misconduct Registry uses social security numbers as one identifier to prevent incorrect matches of persons with findings of abuse or neglect of a client or misappropriation of a client's property.

### BACKGROUND INFORMATION DISCLOSURE (BID)

Completion of this form is required under the provisions of Chapters 48.685 and 50.065, Wis. Stats. Failure to comply may result in a de revocation of your license, certification, or registration; or denial or termination of your employment or contract. Refer to the instructions (F-82064A) on page 1 for additional information. Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches.

PLEASE PRINT OR TYPE YOUR ANSWERS.

**Check the box that applies to you.**

- Employee / Contractor (including new applicant)
- Household member / lives on premises - but not a client
- Applicant for a license or certification or registration (including continuation or renewal)
- Other - Specify:

**NOTE:** If you are an owner, operator, board member, or non-client resident of a Division of Quality Assurance (DQA) facility, complete this BID, F-82064, and the Appendix, F-82069, and submit both forms to the address noted in the Appendix Instructions.

Name - (First and Middle)	Name - (Last)	Position Title (Complete only if you are a prospective employee or contractor, or a current employee or contractor.)	
Any Other Names By Which You Have Been Known (Including Maiden Name)			Birth Date
			Gender (M/F)
Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Unknown <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> White			Social Security Number(s)
Home Address		City	State    Zip Code
Business Name and Address - Employer or Care Provider (Entity)			

**SECTION A - ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION**

	YES	N
1. Do you have any criminal charges pending against you or were you ever convicted of any crime anywhere, including in federal, state, local, military, and tribal courts? > If Yes, list each crime, when it occurred or the date of the conviction, and the city and state where the court is located. You may be asked to supply additional information including a certified copy of the judgment of conviction, a copy of the criminal complaint, or any other relevant court or police documents.	<input type="checkbox"/>	<input type="checkbox"/>
2. Were you ever found to be (adjudicated) delinquent by a court of law on or after your 10 <sup>th</sup> birthday for a crime or offense? (NOTE: A response to this question is only required for group and family day care centers for children and day camps for children.) > If Yes, list each crime, when and where it happened, and the location of the court (city and state). You may be asked to supply additional information including a certified copy of the delinquency petition, the delinquency adjudication, or any other relevant court or police documents.	<input type="checkbox"/>	<input type="checkbox"/>
3. Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect? A response is required if the box below is checked: <input type="checkbox"/> (Only employers and regulatory agencies entitled to obtain this information per sec. 48.981(7) are authorized to, and should, check this box.) > If Yes, explain, including when and where it happened.	<input type="checkbox"/>	<input type="checkbox"/>

Last Name –

SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION		YES	NO
4.	Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client? > If Yes, explain, including when and where it happened.	<input type="checkbox"/>	<input type="checkbox"/>
5.	Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client? > If Yes, explain, including when and where it happened.	<input type="checkbox"/>	<input type="checkbox"/>
6.	Has any government or regulatory agency (other than the police) ever found that you abused an elderly person? > If Yes, explain, including when and where it happened.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients? > If Yes, explain, including credential name, limitations or restrictions, and time period.	<input type="checkbox"/>	<input type="checkbox"/>
SECTION B – OTHER REQUIRED INFORMATION		YES	NO
1.	Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services? > If Yes, explain, including when and where it happened.	<input type="checkbox"/>	<input type="checkbox"/>
2.	Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility? > If Yes, explain, including when and where it happened and the reason.	<input type="checkbox"/>	<input type="checkbox"/>
3.	Have you been discharged from a branch of the US Armed Forces, including any reserve component? > If yes, indicate the year of discharge: _____ > Attach a copy of your DD214 if you were discharged within the last 3 years.	<input type="checkbox"/>	<input type="checkbox"/>
4.	Have you resided outside of Wisconsin in the last 3 years? > If Yes, list each state and the dates you lived there.	<input type="checkbox"/>	<input type="checkbox"/>

Last Name -

SECTION B - OTHER REQUIRED INFORMATION	YES
5. Have you had a caregiver background check done within the last 4 years? > If Yes, list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check.	<input type="checkbox"/>
6. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services, a county department, a private child placing agency, school board, or DHS designated tribe? > If Yes, list the review date and the review result. You may be asked to provide a copy of the review decision.	<input type="checkbox"/>

A "NO" answer to all questions does not guarantee employment, residency, a contract, or regulatory approval.

I understand, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information may result in a forfeiture of up to \$1,000.00 and other sanctions as provided in DHS 12.05 (4), Wis. Adm. Code.

SIGNATURE	Date Signed
-----------	-------------



**Request for Taxpayer  
 Identification Number and Certification**

Give form to the  
 requester. Do not  
 send to the IRS.

Print or type  
 See Specific instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number : : :
OR
Employer identification number : : :

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

This  
Page  
Intentionally  
Left  
Blank

**SOUTHWEST WISCONSIN COMMUNITY  
ACTION PROGRAM  
LIFT Program**

**VOLUNTEER  
DRIVER HANDBOOK**  
*Connecting People in Southwest Wisconsin*

# **SWCAP VOLUNTEER DRIVER PROGRAM**

*On behalf of SWCAP, welcome to the volunteer driver program. With your assistance, we will provide services that otherwise could not be done. We thank you for dedicating your time and talents. We believe that you are unique because you are willing to give of yourself to help others.*

## **MISSION STATEMENT**

The mission of SWCAP Volunteer Driver Program, LIFT, is to provide safe, dependable, affordable and courteous transportation services to people in Grant, Lafayette, Richland, Iowa and Green Counties and the surrounding area. We aim to coordinate services whenever possible.

## **PURPOSE OF PROGRAM**

A volunteer driver is one who provides common carrier transportation and is not contractually bound to provide services. Volunteers are those drivers who are using their own vehicle or a vehicle owned by SWCAP and assigned to the driver to transport people to destinations that fit each client's needs. Volunteers are reimbursed 50 cents per approved mile driven in their own vehicle. Volunteers are never intentionally asked to provide a service that would duplicate a service already being provided by any agency within SWCAP's service area.

## **POLICY STATEMENT**

The purpose of this policy is to ensure the safety of those individuals who drive their own vehicles. It is the driver's responsibility to operate the vehicle in a safe manner and to drive defensively to prevent injuries and property damage. As such, Southwest CAP endorses all applicable state motor vehicle regulations relating to driver responsibility. The Company expects each driver to drive in a safe and courteous manner pursuant to the following safety rules. The attitude you take when behind the wheel is the single most important factor in driving safely. All volunteer drivers are encouraged to take PASS training and Defensive Driving training. SWCAP will pay for the training.

## **SERVICE DESCRIPTION**

The transportation office is open from 8:00 a.m. to 5:00 p.m. Monday through Thursday and Friday 8:00 a.m. to 12:00 p.m.. In addition, the office has a voice mail system operating 24 hours per day. Messages left after hours will not be reviewed until the next business day. The office is closed on the following holidays: New Year's Day, Martin Luther King, Jr. Day, President's Day, Good Friday afternoon, Memorial Day, July 4<sup>th</sup>, Labor Day, Thanksgiving Thursday and Friday, Christmas Eve and Christmas Day.

The Volunteer Driver program attempts to provide non-emergency transportation services to people who have no other means of transportation. Rides can be requested for medical and counseling appointments, social services, shopping, or social activities. Since volunteers are limited and schedules fill up very quickly, a trip request does not guarantee that a ride will be provided.

Volunteers are reimbursed for their expenses within agency limits while on an authorized agency assignment, but are not considered employees of SWCAP. Volunteers are an important part of the Transportation Program, and the time and resources given by our volunteer are greatly appreciated by the passengers we serve as well as the agency staff. The reimbursements provided by SWCAP to volunteer drivers are intended to cover the costs of completing the volunteer assignment. **Volunteers should not enter into this assignment with the expectation of "earning" money.**

### **CODES OF CONDUCT FOR VOLUNTEER DRIVERS**

I will conduct myself with dignity, courtesy, and consideration.

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

As a volunteer driver, 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 illegal, inappropriate and not allowed.

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

I will be punctual in the performance of my duties.

I understand I must respect the privacy rights of the passengers I serve. I understand that personal, medical, psychiatric and financial information is private non-public data. Information on these subjects may be shared only with the dispatcher or other staff only.

I recognize that as a volunteer driver, I represent The LIFT Program and Southwest Wisconsin Community Action Program. I have an obligation to my volunteer assignment, to those who direct it, to the passengers, and to the public to uphold these codes of conduct.

**Volunteer drivers violating codes of conduct may be dismissed at any time**

**All volunteer drivers or volunteer applicants must meet all of the following criteria to drive for SWCAP.**

- All drivers must be at least 18 years of age.
- Volunteer drivers must have photocopies of valid motor vehicle license and proof of insurance (current automobile liability insurance meeting Wisconsin minimum insurance requirements – LIFT recommends 100,000/300,000 injury, 50,000 property damage and 50,000/100,000 Uninsured/Underinsured motorist) on file at LIFT prior to receiving trip requests. Proof of insurance will be kept on file at the Transportation Office. If involved in an accident while on volunteer duty, SWCAP does not cover the volunteer’s insurance deductible, and the volunteer’s automobile insurance will be considered the first source for claim resolution.
- Motor Vehicle Records will be ordered at the initial application and periodically to assess employees' driving records.
- Submit completed annual vehicle inspection form.
- Report any crashes or passenger incidents occurring while on duty for SWCAP to the office immediately. (If after hours, leave detailed telephone message and report on next business day.)
- Any volunteer who has a driver’s license revoked or suspended shall immediately notify the LIFT Program and discontinue driving for LIFT.
- LIFT must be notified prior to a scheduled trip if any additional passengers will accompany driver and LIFT passenger. Bringing additional riders for conversation or company is fine, and often a good idea. Make sure the rider always feels included in the conversation.
- Only vehicles with current annual inspections may be used to transport clients.
- Adhere to the SWCAP Codes of Conduct.
- Keep the transportation office advised when unable to drive as soon as it is known. Sudden situations that prevent driving such as family emergency or personal illness should be reported immediately, so the volunteer scheduler can make other arrangements for any pending trips.
- Adhere to all guidelines regarding meal reimbursement, mileage reimbursement, use of cellular phones, etc.
- Attend training sessions and special meetings sponsored by the program.

**Responsibilities of a SWCAP Volunteer Driver:**

- Transport passengers in a safe and lawful manner. Seatbelts are required by WI law unless passenger has a physician’s letter of excuse and a copy of this on file with LIFT
- Be prompt so riders arrive on time for scheduled appointments.

- Walk with riders into their appointments and to their doors when returning home. Driver may assist a passenger by lending an arm. Driver will request the help of medical facilities or family when transporting adults who need higher levels of assistance
- Observe confidentiality regarding riders, treating everyone with dignity and respect
- No smoking in vehicles when in service for LIFT
- Decline any tips or gifts and encourage donations to LIFT
- Call LIFT within 24 hours of a scheduled ride if unable to complete a trip
- Accurately complete mileage log forms and mail or bring to the office promptly for prompt reimbursement
- Refer ride requests to the LIFT. Reimbursements come only for approved trips
- Only transport people in non-emergency situations. In case of an emergency, call the local ambulance service, 911
- Every effort should be made to avoid use of a cellular phone while driving for LIFT. Plan ahead, in order to avoid making phone calls while driving. Please pull over if you need to call our office
- Notify LIFT of any changes affecting your ability drive safely, including loss of valid driver's license, insured vehicle or driving ability.
- Refrain from drinking or using prescription or over the counter drugs that might impair your driving ability within six hours of driving for LIFT

## Confidentiality

Volunteers must keep names of and information about passengers confidential. Friendliness, reliability, courtesy and the ability to be non-judgmental and accepting of different lifestyles and values are necessary attributes for the position. Confidentiality is maintained for the protection of the rider and LIFT. Volunteers will use the following procedures.

1. All written and unwritten material on riders is considered confidential.
2. Volunteers do not have access to any passenger files maintained by LIFT.
3. If a volunteer receives information from a rider and there is a reasonable suspicion that abuse - physical, sexual, economic or emotional - has occurred, then, the driver will share that information with LIFT staff as soon as possible.
4. The fact that information about an individual has been made public through the news media does not alter the fact that a person still has confidentiality privileges within LIFT.

## LIFT PROGRAM POLICIES

### Trip Assignments

All rides must be pre-approved and assigned to volunteers by the transportation office. The driver **will not be reimbursed** for any ride that is not assigned by LIFT. Additional side trips or returning home during layovers will not be permitted unless authorized by LIFT.

Rides will be dispatched by telephone. Special care needs to be taken when a volunteer is accepting a telephone assignment to ensure that all information is recorded accurately and completely.

Driver may specify certain geographic areas or be available for travel throughout the state. In fairness to everyone it is expected that all volunteers be willing to drive a combination of short and long trips.

### **No-Show Policy**

If a passenger fails to keep an appointment as assigned to the volunteer driver, the office is to be notified immediately. The driver should make a reasonable effort to be sure that the passenger is aware that the driver is ready and waiting to take the passenger. Drivers must wait for fifteen minutes past the appointed pick up time before leaving and reporting a no-show. The SWCAP policy for no-show appointments is very specific. Passengers receive two written warnings about no-shows, and upon the third no-show, the passenger shall be ineligible for rides for 30 days.

### **Fare Collections**

Depending upon the funding source responsible for the ride, some passengers may be required to pay a fare for their trip. If the volunteer driver is instructed by the dispatcher that the passenger is to pay a fare, the volunteer shall collect the fare at the beginning of the trip. Passengers are asked to pay fares by cash or check payable to SWCAP which are then turned in along with the driver's trip sheet. Cash collected is **not** to be sent by mail. If a driver encounters a passenger who does not pay, it is to be reported to the office immediately and also recorded on the trip sheet. The office will determine what action is to be taken with the passenger.

### **Inclement Weather Conditions**

In the case of inclement weather, the volunteer driver has the right to cancel the ride, even on short notice. The volunteer driver must call the office and the passenger when a decision is made to cancel. Nothing is more important to us than the safety of the volunteer driver and passenger. In most cases passengers would rather not travel during inclement weather, and would usually prefer to reschedule. Only travel when you are confident you can make the trip safely.

### **Vehicle Maintenance**

Proper vehicle maintenance is a basic element of any transport vehicle to ensure a safe, roadworthy vehicle.

- Registration and Inspection is the responsibility of the volunteer driver.
- The vehicle should be cleaned (interior & exterior) regularly to help maintain



- its good appearance for you and LIFT.
- An accident packet should be kept in the glove compartment of each vehicle.
- The vehicle manufacturer's maintenance schedule should be referenced and closely followed regarding recommended maintenance intervals.
- A Mileage Log must be kept in each vehicle and each trip must be recorded.

## **Incident Policy**

Report any incident involving the volunteer driver and/or passengers in any way must also be reported to the office as soon as possible after it occurs. Examples of reportable incidents are a passenger who uses inappropriate language or behavior, a passenger who refuses to use the seat belt, a passenger who slips while entering or exiting your vehicle, etc. The office will advise the volunteer if an accident/incident form needs to be completed. For risk management purposes, all accidents and any incident that involves personal injury or other liability must be documented and kept on file at the office.

Any complaints or issues regarding volunteer driving should be discussed with the Volunteer Scheduler. Passenger complaints about volunteers are documented on a passenger complaint form. Depending on the nature of the complaint, the Volunteer Scheduler or the Program Director will decide the next steps. In most cases the volunteer driver is asked to offer her/his perspective of the situation. If follow up action is needed, both the driver and the passenger will be notified..

## **What to do in Case of a Crash – Crash Investigation**

Every accident should be reported, investigated and reviewed. The primary purpose of investigating a crash is to find out the cause and initiate action to eliminate or control it. Another purpose is to obtain information to be used in determining whether the accident is preventable or non-preventable. Any volunteer who is in any kind of crash must:

- Do not declare fault
- Move to a safe location and, if possible, secure your vehicle out of traffic
- Call police/sheriff and (if needed) seek medical assistance
- Remain Calm, Courteous, Consistent your version of the accident
- Obtain complete identifying information from those involved – people and vehicles
- Complete the Accident Investigation form
- Obtain the names of the witnesses including addresses and phone numbers
- Notify the LIFT Program as soon as possible

## **Recording Trips on Driver Daily Log Sheets**

Log sheets are due in the office every other Friday. Because passenger trips are closed out and billed to funding sources monthly, a trip sheet is submitted even if the

volunteer driver drove only one day during the month or had only a small dollar amount in reimbursement for the month.

Complete all columns of the daily log beginning with the date of the trip and passenger name. The odometer reading is taken at the start of the volunteer assignment. If taking more than one passenger on a given trip, record odometer readings for each passenger.

Layover time that is spent waiting in the lobby or parking lot of the location is considered volunteer time. The hours in which a volunteer is on lay over away from home are eligible as volunteer duty hours. A volunteer driver **will not be paid mileage for returning home during lay over** time.

### **Passenger Assistance**

For the safety of the passenger and the driver, the volunteer driver is not expected to provide any more assistance than lending an arm for balance. A driver may lend a hand to steady a passenger while entering or exiting the vehicle. Under no circumstances is a volunteer expected to carry packages or personal items for passengers.

When the volunteer receives an assignment, the scheduler is to inform the volunteer of any additional assistance that the passenger may need. It is up to the driver to decide if he or she is comfortable in providing the assistance requested.

Passengers able to transfer from a wheelchair may be transported, but must transfer into the car without lifting from the volunteer driver. The driver can place the wheelchair in the trunk or backseat. If a passenger becomes weakened during their appointment (such as kidney dialysis) or trip and is unable to walk, the volunteer shall ask staff at the pickup point for assistance. At no time is a volunteer to carry or lift a passenger. A volunteer driver is prohibited from transporting a passenger who needs that type of help. If no one is able to help the passenger, please call 911.

SWCAP's volunteer driver services are door-to-door service. Exceptions to this rule must be expressly requested. A volunteer driver has the right to accept or refuse any trip for any reason.

Service animals are permitted with prior notice. The volunteer driver will always be notified if a service animal will be riding along. Non-service animals are not allowed.

### **Non-Discrimination**

All of the staff and volunteers at SWCAP Volunteer Driver Program are committed to respecting the individuality of each person. We respect race, culture, age, religion, affectional orientation, and individuals with disabilities. We strive to provide a positive and confidential environment where the well being of each person is respected.

## Safe Driving

- Drivers should be mentally and physically rested and alert prior to each trip.
- Drinking of alcoholic beverages while driving, or driving while under the influence of alcohol or restricted drugs is prohibited and disciplinary action will be enforced
- Traffic laws must be obeyed. Speed shall never be faster than a rate consistent with existing speed laws and road, traffic and weather conditions. Posted speed limits must be obeyed.

## Defensive Driving

- Drivers are required to maintain a safe following distance at all times. One vehicle length for every 10 mph is a minimum recommendation.
- Avoid driving in other driver's blind spots; attempt to maintain eye contact with the other driver, either directly or through mirrors.
- In adverse conditions, reduce speed to a safe operating speed that is consistent with the conditions of the road, weather, lighting, and volume of traffic.
- Turn signals must be used to show where you are heading; while going into traffic and before every turn or lane change.
- When passing or changing lanes, view the entire vehicle in your rear view mirror before pulling back into the lane.
- Be cautious when backing up. Walk around your vehicle and know your surroundings before backing up.

## SEAT BELT AND CHILD SAFETY SEAT POLICY

In compliance with Wisconsin Law, all SWCAP Transportation Volunteers will use seat belts and child safety seats, while operating a motor vehicle when engaged in volunteer assignments for SWCAP.

Child safety seats are the **responsibility of the rider**. Below are the types of seats that should be provided and used in back seats only:

### **Rear-facing child safety seat when child**

Is less than 1-year-old or  
Weighs less than 20 pounds.

### **Forward-facing child safety seat when the child:**

Is at least 1-year-old but less than 4-years-old  
Weighs at least 20 pounds but less than 40 pounds.

### **Booster seat is required when the child:**

Is at least 4-years-old but less than 8-years-old  
Weighs at least 40 pounds but less than 80 pounds  
Is not 57-inches (4-feet, 9-inches) or taller.

Volunteers not complying with the Seat Belt and Child Safety Seat Law will be subject to disciplinary action and /or dismissal.

## **MVR Review Criteria**

- ALL TYPE 'A' VIOLATIONS (as defined below) WILL RESULT IN TERMINATION OF THE VOLUNTEER AND WILL DISQUALIFY ANY POTENTIAL VOLUNTEER DRIVER.
- ANY VOLUNTEERS SHOWING ONE OF THE FOLLOWING WILL BE RESTRICTED FROM DRIVING COMPANY VEHICLES:
  - One (1) or more type 'A' Violations in the past 3 years.
  - Three (3) or more accidents (regardless of fault) in the last 3 years.
  - Two (2) or more at-fault accidents in the last 3 years.
  - Three (3) or more 'B' violations in the past 3 years.
  - Any combination of accidents and type 'B' violations which equal four (4) or more in the last 3 years.

### Type 'A' Violations:

- Driving While Intoxicated
- Driving While Under the Influence of Drugs
- Negligent Homicide Arising out of the use of a Motor Vehicle (gross negligence)
- Using a Motor Vehicle for the commission of a Felony
- Aggravated Assault with a Motor Vehicle
- Operating a Motor Vehicle without the Owners Authority (grand theft)
- Reckless Driving
- Speeding in excess of 20 or more miles over the posted speed limit (racing)
- Hit and Run (Bodily Injury or Property Damage)
- Failure to obey or eluding an officer
- Falsifying an accident report
- Failure to stop or leaving the scene of an accident
- Operating During a period of Suspension or Revocation

### Type 'B' Violations:

All Moving Violations not listed as type 'A' Violations.

## **SEXUAL HARASSMENT**

Sexual harassment is illegal and against the policies of Southwest CAP. Sexual harassment is unacceptable behavior relating to sexual activity or characteristics.

Any employee who believes he or she has been the subject of sexual harassment should report the alleged act as soon as possible after the alleged harassment occurs to his/her supervisor and Southwest CAP's Human Rights Officer. When one of these is the alleged harasser, the complaint should be made to that person's supervisor. An investigation of all complaints will be undertaken immediately. Any employee who has been found to have sexually harassed another employee will be subject to appropriate actions ranging from a written warning to termination from Southwest CAP. Given the nature of sexual discrimination, Southwest CAP recognizes that the question of whether a particular action or

incident is a purely personal, social relationship without a discriminatory employment effect requires a factual determination based on all facts in this matter. Southwest CAP also recognizes that false accusations of sexual harassment can have serious effects on innocent persons.

Southwest CAP hopes all its employees will continue to act responsibly, as in the past to maintain a pleasant working environment free of discrimination. Southwest CAP encourages any employee to raise questions he or she may have regarding sexual harassment, discrimination or affirmative action with Southwest CAP's Human Rights Officer or Executive Director.

### **Closing Statement**

The LIFT Program at SWCAP is dedicated to providing safe, dependable, affordable, and courteous service to our passengers. We thank all of our volunteers for their efforts and welcome their input at all times. Any comments or suggestions can be addressed to Southwest Wisconsin Community Action Program, 201 S Iowa St, Dodgeville, WI, 53533, 608-930-2191

#### **Notifying the Public of Rights Under Title VI**

##### **Southwestern Wisconsin Community Action Program, Inc.**

- ✓ Southwestern Wisconsin Community Action Program, Inc. operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with Southwestern Wisconsin Community Action Program, Inc..
- ✓ For more information on Southwestern Wisconsin Community Action Program, Inc.'s civil rights program, and the procedures to file a complaint, contact 800-704-8555; email <mailto:title.vi.complaint@swcap.org>; or visit our administrative office at 149 N. Iowa St., Dodgeville, WI, 53533. For more information, visit [www.swcap.org](http://www.swcap.org)
- ✓ A complainant may file a complaint directly with the Federal Transit Administration by filing a complaint with the Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5<sup>th</sup> Floor-TCR, 1200 New Jersey Ave., SE Washington, DC, 20590.
- ✓ If information is needed in another language, contact 800-704-8555.

*Si se necesita informacion en otro idioma de contacto, 800-704-8555.*

I have read **The Volunteer Driver Handbook** and agree to abide by the policies and codes of conduct described herein.

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

\_\_\_\_\_  
Mobility Manager

\_\_\_\_\_  
Date