



Miles and Miles of Positive Impact

Dear Prospective Volunteer,

Thank you so much for your interest in driving for the HART (Hiawathaland Auxiliary Regional Transit) Volunteer Transportation Program! Included with this letter you will find several forms for your review, some of which need to be filled out and returned, and some of which are for your records.

1. HART Volunteer Driver Application – complete, sign and return
2. Criminal History, MVR check & Release of info to 3rd party release – complete, sign and return
3. Policy/Statement page – sign and return
4. RSVP common Good Enrollment (for volunteers 55 and greater) – complete, sign and return

Please send all of the above, as well as a current copy of your **driver's license and proof of vehicle insurance** to:

Hiawathaland Transit
ATTN: HART Volunteer Transportation Program
55049 241st Avenue
Plainview, MN 55964

Thank you for offering to share your time and talents with us and the persons we serve! If you have any questions, please feel free to call me at the number listed below. Someone is in the office Monday through Friday between the hours of 8:00 am and 4:30 pm.

Sincerely,

Dianne Ford
HART Program Manager
Cell: 507-513-9225

**HART Volunteer Transportation Program
55049 241st Avenue, Plainview, MN 55964
(866) 623-7505**



Hiawathaland Transit
HART Volunteer Driver Application



Name: _____

Vehicle Make: _____

Address: _____

Vehicle Model: _____

Color: _____

Phone #'s: _____

Year: _____

Odometer: _____

Email: _____

Why would you like to be a HART Volunteer Driver? _____

How did you hear about the Volunteer Driver Program? _____

How many people can you transport at one time? _____

Would you be willing to transport a smoker? ____ Yes ____ No ____ Yes but no smoking in car

Would you be willing to transport a pet if it were necessary to the client? ____ Yes ____ No

Do you have a preferred time to volunteer? _____

Are there times/days that you are unavailable? _____

Do you have any locations you would rather not drive to? _____

Do you have any health problems that may interfere with your ability to safely drive? _____

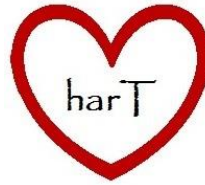
Do you have any additional preferences not listed above? If yes, please list: _____

Name and phone number of emergency contact _____

The information provided on this form is accurate and complete to the best of my ability.

Signature

Date



HART Volunteer Program
 55049 241st Avenue
 Plainview, MN 55964
 Toll Free: 866-623-7505
 Fax: 507-534-9275

**HART Volunteer Program
 Criminal History & Motor Vehicle Record Check Authorization
 And Release of Information to Third Parties**

Last Name (print): _____

First Name (print): _____

Middle Name (print): _____

Former/Other Names, including maiden name or alias (print): _____

Date of Birth: ____ / ____ / _____

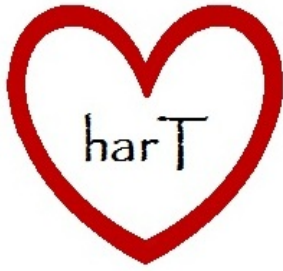
Driver License Number: _____

State of Driver License: _____ Expiration Date: ____ / ____ / _____

I authorize Three Rivers Community Action, Inc. / HART Volunteer Driver Program (“the Agency”) to perform a public criminal history check and to review my motor vehicle record for consideration as a Volunteer Driver. I further authorize the release of my personal information provided above to third parties with a ‘need to know’ such as insurance companies who contract with the Agency for driving patients/clients to medical appointments.

 Signature

 Date



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Drug & Alcohol Use Policy

I understand that as a HART Volunteer driver I may not use illegal drugs at any time. I understand that I may not consume or be under the influence of alcohol at any time during a ride or consume alcohol 8 hours before transporting clients. In addition, I understand that I should check with a medical professional before using any prescription or over the counter medication that may interfere with my ability to drive safely.

Statement of Confidentiality

As a HART Volunteer driver I may have access to specific information regarding persons served, employees, board members, volunteers, donors and/or financial information. I understand that it is the policy of Three Rivers Community Action, Inc. that I, as a volunteer, must regard **all** the information as confidential. I understand that all persons who receive services from Three Rivers Community Action, Inc. expect and are entitled to this confidentiality.

HART Volunteer Driver Requirements

Must be at least 21 years of age, have a current & valid driver's license, have a vehicle that is in good operating condition, maintain proper vehicle insurance, and the ability to pass driving record, criminal background & reference checks. No more than three (3) moving violations in the last five (5) year period, no criminal history, no collisions as a driver that have resulted in death or serious injury, and no significant history of collisions.

I have read and understand the minimum requirements to be a HART Volunteer Driver. I understand that HART Volunteer drivers are not employees.

HART Volunteer Driver Signature

Date

Printed Name



Common Good RSVP



Volunteer Enrollment Form

Name: First: _____ Last: _____ Initial: _____

Address: _____ City _____ Zip _____

County: _____ Phone: (home) _____ (cell) _____

E-mail Address: _____ Are you a veteran? ___ Yes ___ No

Date of Birth: _____ - _____ - _____ (RSVP Volunteers are required to be a minimum age of 55)
Month Day Year

Physical limitations: _____

In case of emergency notify: Name: _____ Relationship: _____

Phone: (home) _____ (cell) _____

How did you learn about Common Good RSVP? _____

What kind of volunteer work are you interested in? _____

The following information is optional. Our funding sources require us to report this information as we are able. The information is provided with Common Good RSVP program TOTALS; the reporting does not identify individual RSVP volunteers.

Gender: ___ Male ___ Female

Race/Ethnic Group: ___ Asian or Pacific Islander ___ Hispanic ___ African American

___ Native American ___ Caucasian ___ Other

By signing this form I hereby acknowledge that the information provided on this form is true and complete to the best of my knowledge.

Signature: _____ Date: _____

PLEASE CONTINUE ON THE BACK

As a RSVP volunteer, I receive supplemental liability insurance when commuting to and from volunteer assignments. As required, I will keep in effect liability insurance equal to or greater than the minimum required by the State of Minnesota.

Driver's License No. _____

Insurance Company _____ Policy # _____

Statement of Valid Driver's License and Insurance Coverage: Please Initial: _____ Date: _____

I understand that if I use my personal automobile to and from my volunteer location, I will keep my driver's license current and good standing and will keep in effect liability insurance equal to or greater than the minimum required by the State of Minnesota.

I DO NOT DRIVE: Please Initial: _____ Date: _____

All RSVP volunteers are covered by our supplemental insurance, free of charge. Please list your beneficiary for RSVP Accident Insurance:

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Phone: (home) _____ (cell) _____

Statement of Confidentiality: Please Initial: _____ Date: _____

I understand that in my capacity as a RSVP volunteer, I may come into contact with confidential information. I agree to protect this information to the best of my ability as a volunteer and not to disclose it during or after my service as a volunteer has ended.

Statement of Authorization to use photographs: Please Initial: _____ Date: _____

I authorize Catholic Charities and its affiliates to use and publish photographs or other likeness of me, my name, and descriptions of my service as a RSVP volunteer for whatever purpose Catholic Charities deems appropriate. I hereby do waive any claims that I may have which may arise at any time in connection with the authorization given or the use or publication of such photographs or other likeness of me, my name, and descriptions of my service by Catholic Charities or its affiliates. I hereby release Catholic Charities and its present and past officers, directors, managers, employees, agents, and affiliates, from all such claims and any and all related injury and damage.

Mail your completed form to Catholic Charities Executive Office:

**Catholic Charities
Common Good RSVP- Enrollment
PO Box 379
Winona, MN 55987**