



SOU'WEST NOVA TRANSIT ASSOCIATION

Volunteer Drivers: Information and Application

Thank you for your interest in becoming a volunteer for the Volunteer Driver Program! The contributions of people like you allow Shelburne County to remain a vibrant and supportive place.

The Sou'West Nova Transit Association exists to provide low-cost, door-to-door, wheel-chair accessible **transportation options to Shelburne County residents who would most benefit** from this service. Specifically this includes seniors and those facing medical, mobility, or economic challenges. **Volunteer drivers using their own vehicles** are the life-blood of this organization – it would not run without them!

Included is a job description for the role; please review it carefully to see if you would be a good fit. If so, we'd love to receive your application!

The application process may seem daunting to some, but these are a reflection of **our commitment to the safety and security of our clients and volunteers**. Thank you for your patient and understanding participation in this process! Here's a step-by-step look at how to get involved:

1. **First talk to your insurance company** (using the information provided in the "Automobile Insurance and Volunteer Drivers" document attached). Find out what, if any, changes would need to be made to your coverage in order to be a volunteer driver. If you are willing to make the necessary changes, then you can continue with the volunteer application process. **NOTE: We recommend that you don't make any required changes to your insurance until AFTER you have been approved as a driver**, just in case you don't fit the other criteria!
2. **Complete the application**, and submit to Sou'West Nova Transit, Box 84, Barrington, NS B0W 1E0. You can also **apply online at www.souwestnovatransit.ca**. If your application and references show that you meet our volunteering criteria, we will contact you to schedule an in-person or phone interview at a time that is convenient for you.
3. To complete the application process, we will request **standard volunteer screening documents** (Child Abuse Registry and Criminal Record checks), as well as **confirmation from your insurance company** (we will provide a letter for them to sign) and a **driver's abstract** (cost to be reimbursed by SWNT). Once these are received, training will begin!

If you have any questions about this application process or the role of volunteer driver, please visit our website at www.souwestnovatransit.ca or contact us at **(902) 637-2572**.

Sincerely,

Renata Tweedy, Manager

(902) 637-2572

info@souwestnovatransit.ca

Updated October 15, 2014

VOLUNTEER DRIVER JOB DESCRIPTION

Duties and Responsibilities

- Provide rides for clients to and from important time sensitive appointments such as healthcare.
- Coordinate all trips through the SWNT Dispatcher.
- Be punctual and dependable in picking up the client at the scheduled time.
- Record mileage and submit completed record forms to the Dispatcher for reimbursement.
- Keep the SWNT Dispatcher informed regarding your availability.
- Provide the Dispatcher with a minimum of 24 hours' notice when cancelling a trip.
- Maintain confidentiality regarding client information.
- Perform regular vehicle maintenance to ensure safety of clients. Seat belts must be available.
- Provide annual updates on vehicle insurance policy and registration.
- Immediately report incidences, accidents or concerns to the SWNT Dispatcher.
- Inform the SWNT Dispatcher of any changes in address or phone number.
- Read the SWNT Driver Handbook and become familiar with program policies and procedures

Time Requirements

Individual trip schedules (time & day) are flexible. There is no minimum time requirement, however volunteers are asked to keep the SWNT Dispatcher updated of their availability.

Skills, Qualifications and Requirements

- Valid driver's license and safe driving record, with at least 9 years of driving experience.
- Proof of sufficient liability insurance and current vehicle registration.
- Access to a vehicle that is inspected, roadworthy, reliable and suitable for client's needs.
- No health conditions that may impair ability to drive safely (vision, hearing, perception, reflexes, certain medications, etc.).
- A satisfactory interview, personal reference check, Criminal Record check, Abuse Registry check, and Driver Abstract.
- Understand the limitations experienced by some clients (ex. mobility and hearing/vision loss).
- Able to relate to people: patient and empathetic with good listening and communication skills.

Training

- Each volunteer will receive a Volunteer Driver Manual and car kit.
- In addition to a group orientation/training session, each volunteer can request to have a trainer accompany them on their first trip to walk them through the procedures and answer any question they may have.

Benefits

- Meet new people and gain new experiences.
- A sense of pride and accomplishment for helping a people in need as you give back to your community.
- Experience personal growth and development.
- A great addition to a résumé!
- **Mileage, parking fees, and related meals are reimbursed.**

AUTOMOBILE INSURANCE AND VOLUNTEER DRIVERS

What you need to KNOW

- Like most non-profit organizations, SWNT has insurance that protects the organization, officers, staff, and volunteers in the event of a lawsuit. However, in the event of a traffic accident while using their own vehicles, the volunteer drivers require personal automobile insurance. Should costs exceed the volunteer's personal coverage, SWNT's insurance will provide protection for the difference.
- SWNT's insurance requires that volunteer drivers have a minimum of 2 million dollars of liability insurance as a part of their personal automobile coverage. Some of our volunteers who have already completed this step of the process have found that to raise their coverage to this amount costs a very small amount per year!
- Some auto insurers require extra types of coverage be added to insurance plans to cover volunteer activities, however many do not.

What you need to DO

- Contact your insurance broker to find out the requirements and costs that might be needed by them in order to assure that you would be covered while acting as a volunteer driver for SWNT. A "Notification to Insurance Company" letter is included in this document.
- We recommend that you **DO NOT MAKE ANY CHANGES TO YOUR INSURANCE COVERAGE** until you have been provisionally approved as a volunteer driver, in case you do not meet other volunteering criteria.
- If your insurance carrier will allow for these volunteering activities, you can officially start the process by filling out the **volunteer driver application** and submitting it to SWNT. *Please note that at this time SWNT is unable to reimburse drivers for changes to their insurance coverage; these costs are the responsibility of the volunteers.*

SUPPORTING DOCUMENTS

Application Checklist

The following documents will be required before you can be officially approved as a SWNT volunteer driver. ***We recommend that you not begin this part of the process until after you have spoken with your insurance provider (without making changes to your current coverage), submitted your application, and successfully completed your phone, email or in-person interview.***

- Driver abstract
- Criminal Record Check (including vulnerable sector)
- Abuse Registry Check
- Letter from Insurance Provider

Instructions for Obtaining and Submitting Documents

To Request a Driver's Abstract (*more info: <http://www.novascotia.ca/snsmr/rmv/licence/abstracts.asp>*)

1. Visit the following Access Nova Scotia offices:

Registry of Motor Vehicles

136 Hammond Street
Shelburne, NS

Access Nova Scotia Centre

Provincial Building
10 Starrs Road, Suite 127
Yarmouth, NS

OR Mail your request to:

Service Nova Scotia and Municipal Relations

PO Box 1652 Halifax, NS B3J 2Z3

*The fee for an abstract is \$18.10. Payment options by **mail**: Cheque or money order made out to the Registry of Motor Vehicles.*

3. Submit to SWNT, along with a receipt for reimbursement (***Please note that only volunteers that have successfully completed the other sections of the screening process are eligible for reimbursement.***)

Criminal Record Check

1. Complete the application provided by your local RCMP, or request it from SWNTA; be sure to initial the boxes to authorize a vulnerable sector check as well as the standard check.
2. Bring the completed application to your local RCMP. *SWNT can provide a personalized letter for you to attach to your application and confirm that you are applying for a volunteer position.*
3. Pick up the check when it is complete.
4. Submit a copy of the results to SWNT when received from the RCMP.

Child Abuse Registry Check

1. Complete the application provided by your local Community Services office, or request it from SWNT.
2. Bring the completed application to your local Community Services office or mail it to the address indicated on your application.
3. Submit a copy the results to SWNT when received from Community Services

Letter from Insurance Provider

1. Make necessary changes to your insurance coverage (only after being approved as a driver!)
2. Fax or mail the "Notification to Insurance Company..." letter to your insurance provider
3. Have your insurance provider mail or email SWNT the completed letter

VOLUNTEER DRIVER APPLICATION

General Information

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Do you check your email regularly? Yes No

How did you hear about us? Website Poster Brochure Newspaper

Other: _____

Drivers License and Insurance Information

License Class: _____ Driver's License #: _____

Expiration Date: _____ # of years driving: _____

Any license limitations: _____

Name of Automobile Insurance Company: _____

We have a letter to give to your insurance company to insure that they will cover you during volunteer work!

What type of vehicle will you drive in this volunteer work?: _____

Year of vehicle: _____ MVI Expiration date: _____

Do you own this vehicle? Yes No

If not, who is the owner? _____

Have you ever been refused automobile insurance? Yes No

Has your license ever been suspended, revoked or cancelled? Yes No

Have you ever been denied a license to operate a vehicle? Yes No

Have you ever been convicted of a criminal offense involving operation of a vehicle, fraud, violence, abuse, weapons, alcohol or drugs? Yes No

If you answer yes to any of the questions above, please explain: _____

Have you been involved in a traffic accident in the past 5 years? Yes No

If so, please provide: the approximate date, the nature of the accident(s), whether you were at fault or charged with the accident and whether anyone was injured or killed: _____

About You!

What other local organizations do you currently volunteer with? _____

Can we contact them about your service? Yes No

Have you ever attended a driving safety course? Yes No

If so, when and who sponsored the program? _____

Have you ever attended a first aid, CPR, or medical emergency training course? Yes No

If so, when and who sponsored the program? _____

Are you aware of any health conditions that may affect your vision, hearing, perception, reflexes, flexibility or judgement? Yes No

If yes, please describe: _____

Volunteer drivers have a lot of time to interact with our clients while they are transporting them. It is important that our volunteers are personable, empathetic, and good listeners. Does this describe you? Yes No

Anything else you'd like to tell us? We'd love to hear more about you!

References and signature

Speaking to your references are a great way to insure that you are a good fit for this volunteer experience! Please provide the name and contact info for 3 people who can tell us about your driving abilities, your character, and the way you interact with people. (Only one family member, please!)

Reference 1: _____ Phone: _____

Friend Family Member Co-worker Other

Reference 2: _____ Phone: _____

Friend Family Member Co-worker Other

Reference 3: _____ Phone: _____

Friend Family Member Co-worker Other

I give the organization permission to collect information regarding my qualifications relevant to the position of volunteer driver and to update this information as needed. I certify that the above information is true and complete.

Signed: _____ Date: _____

NOTIFICATION TO INSURANCE COMPANY OF VOLUNTEER ACTIVITIES

This letter is to inform you that I am undertaking occasional driving as a volunteer for Sou'West Nova Transit. This non-profit organization exists to provide low-cost, door-to-door, accessible transportation options to Shelburne County residents who would most benefit from this service. Specifically this includes seniors and those facing medical, mobility, or economic challenges.

My role will be to use my own vehicle to pick up riders at their homes and drive them to and from their destinations (such as grocery stores, medical appointments, etc.), as scheduled through Sou'West Nova Transit's central booking line. This travel will occur primarily within Shelburne County, NS, though may also stretch to destinations such as Yarmouth, Bridgewater and Halifax for specialized medical appointments. Riders using volunteer transport will be able to enter and exit a vehicle with little to no assistance. While I may be reimbursed for out-of-pocket driving expenses such as mileage, meals, and parking, I am not being paid as a driver. My volunteering will vary month-to-month based on demand and my own availability.

Please certify below that the information contained herein is true, and that my insurance as specified will cover me while doing volunteer driving.

This section to be completed by the volunteer

Name of Insured/Volunteer: _____

Address: _____ Phone: _____

Name of Insurance Company: _____

Policy Number: _____

Amount of Insurance: _____ Expiration Date: _____

This section to be completed by the insurance representative

I have been duly notified of the occasional volunteer driving activity of the volunteer named above, and certify that the insurance information provided is correct. **Based on the terms of this policy and Sou'West Nova Transit's minimum requirement of a two million dollar liability limit, the volunteer's insurance policy is sufficient to cover the type of volunteer driving described in this letter.**

Name of Insurance Broker: _____

Address: _____

Phone: _____

Name of Insurance Agent: _____

Signature: _____

Title: _____ Date: _____

If you need more information, you can email info@souwestnovatransit.ca or call (902) 637-2572.

PLEASE SCAN AND RETURN THIS COMPLETED FORM TO: info@souwestnovatransit.ca

OR MAIL TO: Sou'West Nova Transit, Box 84, Barrington, Nova Scotia, B0W 1E0

A copy of this completed form must be filed with the volunteer's Application Form and supporting documents.