

Hello!

Thank you for your interest in joining RTP's Volunteer Team. RTP is a mobility agency that provides rides throughout Cumberland County to people who depend on RTP to get where they need to go.

RTP's Volunteer Team provides thousands of rides every month, and the demand for service keeps growing. *The Volunteer Team is always looking for great people who want to do good things.* We are excited that you are interested in joining the RTP Team.

The process of becoming a Volunteer Driver is not difficult, but does require a little time and paperwork. The first step is to **complete a Volunteer Information Package and return it to RTP**. The information you provide will be reviewed, and if everything looks good, you will be contacted to schedule an Eligibility Screening.

The steps to becoming a volunteer driver are outlined on the back of this letter. RTP's Volunteer Driver Selection Standards conform to eligibility guidelines set by the State of Maine, with additional standards set by RTP. Eligibility Screenings also include background checks on criminal history, driving records, and DHHS abuse and neglect reports.

Volunteer drivers are an important part of the RTP Team. The dedicated service of Volunteer Drivers helps RTP get more people where they need to go every day.

You can learn more about RTP by checking the website: www.rtprides.org

Thank you for considering this rewarding volunteer opportunity.

If you have any questions, please call 774-2666 EXT. 110.

Sincerely,

Sara Trafton
Executive Director, RTP
207-774-2666
trafton@rtprides.org

STEPS TO BECOMING AN RTP VOLUNTEER DRIVER

Return completed Volunteer Information Package to:

The Volunteer Team
Regional Transportation Program
127 St. John Street
Portland, Maine 04102

RTP will review the information and determine if it meets initial eligibility standards. If so, RTP will contact you to schedule an **Eligibility Screening**.

The **Eligibility Screening** process takes approximately 45 minutes to 1 hour to complete. Here is what to expect:

- **Question and Answer Exchange**. We ask question, you ask questions, we give answers, you give answers. This is how we get to know more about you, and you learn more about RTP. We explain training requirements and give a brief overview of the orientation process.
- **Walking the Paper Trail** Read, sign, check off, file... We go through the forms and releases we need you to fill out to complete eligibility verification. Please bring your license, registration, and insurance card, with you. RTP needs to make copies of them. **If you have lived in Maine for less than 3 years, we need to ink up your fingers for an FBI background check.**
- **Vehicle Check**. We look your car over, check registration and inspection stickers, open and close doors, assess general cleanliness and good working condition, and test the seat belts to make sure they are fully functioning. **We are sticklers about safety, from bumper to bumper.**
- **Grand Tour** We take you on a mini-tour of the facility to give you a quick “behind the curtain” look at the mobility magic we perform every day.
- **Next Steps** We will give you a schedule of upcoming Orientation Sessions. *You may attend a session prior to RTP receiving the results of your background check. Please be advised that background check results must meet Selection Standards in order for you to join RTP’s Volunteer Team.* It can take up to 14 days to receive that information.

After the Eligibility Screening we will give you a timeframe of when you can expect to hear back from us. Once all the paperwork is processed, the background checks are in, and you complete the Orientation Session, you will be ready to roll with RTP.

RTP Volunteer Driver Information

Have you been convicted during the last 10 years of driving while intoxicated or under the influence of drugs? <i>If yes, please explain (date, charge, jurisdiction, etc.):</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<i>List all motor vehicle accidents of any type or cause that you, either as owner or operator, have been involved in during the last 5 years.</i>				
# 1	Date:	Time:	Driver:	Violation:
	Who was at fault?		Damage to your vehicle?	Amount: \$
	Bodily injury?		Damage to other property?	Amount: \$
	Description:			
# 2	Date:	Time:	Driver:	Violation:
	Who was at fault?		Damage to your vehicle?	Amount: \$
	Bodily injury?		Damage to other property?	Amount: \$
	Description:			

REFERENCES: PLEASE LIST THREE PEOPLE YOU HAVE KNOWN FOR AT LEAST ONE YEAR. INCLUDE ONE JOB REFERENCE		
Name:	PHONE#	Years Known:
Name:	PHONE#	Years Known:
Name:	PHONE#	Years Known:

CERTIFICATION:	
MY SIGNATURE BELOW CERTIFIES THAT THE FACTS I HAVE PROVIDED IN THIS DOCUMENT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS MADE AND AUTHORIZE REFERENCES LISTED ABOVE TO GIVE PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING INFORMATION TO RTP.	
Signature:	Date:

<i>Eligibility to be a volunteer driver with RTP requires a criminal history background check, verification of my motor vehicle records, and a DHHS abuse and neglect reporting check.</i>	
My signature below authorizes RTP to obtain, at its sole discretion, my driving record, including all Department of Licensing actions that have taken place regarding the driver's license I now hold, have held, or in the future may obtain. It also authorizes RTP to conduct a criminal history background check from the source of its choice. I further agree to any other conditions described herein. This release continues in effect as long as I continue to serve as a volunteer driver with RTP.	
Signature:	Date:

RTP Volunteer Driver Eligibility Guidelines

Good drivers are the most important ingredient of RTP's mobility services. RTP has established specific guidelines to qualify volunteer driver candidates. The responsibilities of a volunteer driver include using defensive driving skills to get people to appointments on time safely. A number of factors are considered when determining eligibility. RTP performs back ground checks as part of the initial eligibility screening and at 2 year intervals during service. Any background check results that do not meet the guidelines will result in ineligibility for service. RTP reserves the right to re-evaluate drivers at any time.

Background Checks (re-evaluated at 2 year intervals from first date of service)

- 1) A DMV record (abstract) of the applicant's personal and employment driving history will be obtained.
- 2) A Maine State Criminal History Background Check will be obtained by RTP.
- 3) DHHS records of abuse, neglect and exploitation will be checked by RTP.

Selection of volunteer drivers is primarily dependent upon the following:

AGE: A potential volunteer driver must be at least 21 years of age.

LICENSE AND EXPERIENCE: A potential volunteer driver must possess a valid Maine State Driver's License and have driven for at least 5 years.

SUSPENSION OR REVOCATION OF LICENSE: Report of a suspension/revocation within the past 5 years may cause a candidate to be ineligible. Any report of a suspension/revocation within the last 10 years for reckless driving, hit-and-run, leaving the scene of an accident, driving while under the influence of alcohol or drugs, driving while impaired, or a felony will result in ineligibility.

VIOLATIONS: Any moving violations received by a potential volunteer driver will be reviewed and may result in a candidate's ineligibility. A "Failure to Appear" on a driving record may result in ineligibility.

ACCIDENTS: Any accident in which a potential volunteer driver has been involved will be reviewed and may result in ineligibility.

INSURANCE HISTORY: Cancellation or non-renewal of insurance coverage within the past 5 years will be reviewed. If the action is related to driving behavior, the candidate may be ineligible.

VEHICLE CONDITION: A volunteer driver's vehicle must have current registration and inspection stickers. The vehicle must be clean and in good working condition.

PRIOR EMPLOYEES OR VOLUNTEERS: Individuals previously employed by RTP or who previously volunteered for RTP are not eligible to volunteer if their employment or volunteer service was terminated by action of RTP for any reason including disciplinary action, lay-off, reduction in force or other non-voluntary dismissal.

Eligibility to volunteer depends on successful completion of the screening process and satisfactory results of background checks. **On-the-road observation of any candidate or current volunteer driver may occur at any time and for any reason.** Failure to meet RTP's *Standards of Safety and Excellence*, or any violation of RTP policy may result in rejection or removal from the volunteer driver pool. RTP reserves the right to refuse any volunteer candidate for any reason that is not inconsistent with any state or federal law.

RTP Volunteer Driver Selection Standards

HOW THE SELECTION STANDARDS LIST WORKS

This list is intended as a guideline in selecting new volunteer drivers and for evaluating the ongoing records of registered drivers. A periodic check of each driver's license record will be done at least every two years. All drivers are informed of the standards for acceptable drivers and their responsibility to immediately report any citations or accidents, either during volunteer service to RTP or on personal time. A potential volunteer driver is not approved until he/she passes RTP's eligibility screening (application, background checks, review of selection guidelines, orientation and an in-person meeting with RTP staff).

To enable an objective evaluation of each applicant's record, a point system has been adopted. A person scoring above the recommended point level is not allowed to drive as a volunteer driver without specific approval from the Manager. The system works by running the driving records for the applicable driver and comparing any citations or accidents that have occurred within the last five (5) years with the list of point values. The driver's ten (10) year record may also be reviewed in determining potential risk. The total points are compared with the ***acceptable standard of four (4) or fewer points***. Each citation is counted separately, even if the driver received more than one citation for the same incident. The potential volunteer driver must also meet all other eligibility screening requirements.

Points	Citation
1	Defective or problem equipment
1	Not at fault accident
1	No insurance in vehicle; expired insurance
1	Improper child restraint
1	Headphones or illegal TV
1	Expired license; license not on person
2	Failure to signal
2	Illegal turns
2	Failure to yield or stop
2	Speeding (5 to 9 over)
2	Violation of school bus sign
2	Impeding traffic (traveling too slowly)
2	Following too closely
2	Illegal lane change; improper lane travel
3	Illegal passing
3	No insurance
3	Speeding (10 to 14 over)
3	Failure to appear
3	At fault accident
3	No valid license
4	Speeding (15 or over)
5*	Driving with license suspended or revoked
5*	Hit & run (misdemeanor)
5**	Eluding a police vehicle
5**	DWI, OUI, Reckless (negligent driving)
5**	Vehicular assault/homicide, hit & run (felony)
5**	More than one accident in 3-5 years
5	Unsatisfied bench warrant

* Disqualified if in last five (5) years.
 ** Disqualified if in last ten (10) years.

Private Vehicle Registration

Name: _____

Address: _____ Town: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Vehicle(s) #1 Make: _____ Year: _____ Air Bag/s: _____

Model: _____ Color: _____ Seating: _____

License #: _____

#2 Make: _____ Year: _____ Air Bag/s: _____

Model: _____ Color: _____ Seating: _____

License #: _____

Insurance Company: _____

Insurance Agent: _____

Address: _____ Town: _____ Zip: _____

Telephone: _____

I certify that I am currently insured through the above company for automobile liability insurance in an amount in excess of or equal to the minimum required under Maine State law.

Further, I agree to forward a photocopy of my Proof of Insurance Card at each renewal period.

Further, I agree to immediately notify **RTP** in the event that the above liability insurance is revoked, cancelled or altered in such a manner as to no longer meet the minimum vehicle insurance requirements for the State of Maine.

Further, I agree not to transport any passengers as part of the volunteer driver program if these minimums liability requirements are not met, or if my Maine vehicle operator's license is not current and/or valid, or if the registration and license of the vehicle (s) I use to transport passengers is not current and/or valid.

Further, I certify that my vehicle(s) is in safe operating condition.

Further, I agree to hold harmless and indemnify **RTP**, the Manager, and the passenger(s) against any or all claims arising in total or in part from my negligence.

Further, I authorize **RTP** to make periodic checks of my driving and criminal record.

Signature: _____ Date: _____

RTP VOLUNTEER DRIVER MEMORANDUM OF UNDERSTANDING (MOU)

REGIONAL TRANSPORTATION PROGRAM, INC. (RTP) of Portland, Cumberland County, Maine provides mobility services to a variety of people, including people with physical and cognitive disabilities, people who are elderly, social service recipients, and the general public.

_____, of _____,
(hereinafter referred to as volunteer), wishes to provide volunteer assistance to RTP.

RTP requires safety and excellence standards and guidelines to be met and followed

RTP and the volunteer UNDERSTAND THE FOLLOWING:

1. Volunteer agrees to assist in the accomplishment of the goals of RTP by being a volunteer driver for RTP riders as the Volunteer is available. Volunteer agrees to obey and comply with any and all rules and regulations that are, or may hereafter be, established by RTP for services under the Volunteer Driver Program, and any additional requirements that may be imposed by law.
2. Volunteer shall provide his/her own vehicle for this purpose and represents to RTP that the vehicle is in safe & satisfactory operating condition. As part of this requirement, the volunteer agrees to provide services in a vehicle which has been inspected to the State of Maine standards which will display a valid Maine inspection sticker evidencing the same, and that the vehicle will remain in such condition and will comply with all applicable State of Maine motor vehicle standards for as long as it is used to provide services under this Volunteer Driver MOU.
3. In return for the volunteer's assistance, RTP will reimburse to the volunteer the approved mileage rate(s) per service mile provided by the volunteer. Reimbursements will be made to the volunteer driver every two (2) weeks.
4. Volunteer agrees to provide a written record of service mileage driven on forms provided by RTP. Volunteer acknowledges that reimbursement provided for in Item 3 of this MOU is the sole compensation for services provided under this Volunteer Driver MOU, and waives any claim to any other form of benefit, entitlement or compensation. The volunteer understands and agrees that there is no guarantee or other assurance that volunteer will be asked to provide any given number of miles of service.
5. Volunteer hereby consents to any investigation of volunteer's background driving record required by RTP, and agrees to execute any and all documents necessary to confirm and reflect such consent.
6. Volunteer and any vehicle used by volunteer to provide services under this Volunteer Driver MOU will be insured for liability at all times in compliance with Maine law, as amended from time to time.

Volunteer agrees to provide proof of insurance and registration annually, and proof of compliance with other applicable laws upon request.

7. Volunteer agrees to take part (and complete) any training sessions required by RTP and/or RTP's funding sources. Training sessions will be provided by RTP staff or professionals contracted by RTP.
8. The parties specifically agree that the volunteer is not an employee or RTP, and that no employee/employer relationship is contemplated or implied by this MOU or in existence by reason of volunteer's assistance to the goals of RTP. Volunteer shall not be entitled to compensation of benefits or any other privileges of an employee as consequences of volunteer's service to RTP's riders.
9. The volunteer may stop volunteer service for any reason and with out a cause. RTP reserves the same right. A decision to end volunteer service may be communicated verbally, or in writing and may be delivered to the other party or mailed to the other party's last known address.
10. RTP reserves the right to determine the volunteer ineligible for service if the volunteer's background checks, including reference checks (from State of Maine Department of Human Services, or Maine State Police Criminal History Records Department, or the State of Maine Motor Vehicle Driving Records Department), upon review are found to be willfully misrepresented by volunteer and/or do not meet RTP's Eligibility Guidelines and Standards.

The Volunteer Driver Memorandum of Understanding is entered into by both parties on the:

_____ day of _____, 2009

Witness:

_____ By: _____
Sara Trafton, Executive Director

_____ By: _____
Volunteer

RTP Driver's Statement of Medical Condition

Below is a checklist of certain conditions, the drugs commonly prescribed and their potential side effects on driving. Check any that apply to you and describe below your condition, level of medication, the effects it has on your driving, and any other comments relative to how your physical or emotional condition and/or drugs taken influences your ability to drive safely. Then sign in the space below.

If you have no physical or emotional conditions that impair your driving and are currently taking no drugs that impair your driving, simply sign and date this page below. The information you provide will be kept confidential as required by the Privacy Act. Based on the information provided, RTP may request a physician's release prior to authorizing volunteer driving.

CHRONIC PHYSICAL CONDITIONS	DRUG TYPE	SIDE-EFFECTS ON DRIVING
<input type="checkbox"/> Arthritis	Analgesics	Drowsiness, inability to concentrate
<input type="checkbox"/> Allergies	Antihistamines	Drowsiness, confusion
<input type="checkbox"/> Common Cold	Antihistamines	Drowsiness, blurred vision, dizziness
<input type="checkbox"/> Diabetes	Oral Hypoglycemic	Drowsiness, inability to concentrate
<input type="checkbox"/> Hypertension	Antihyperactives	Drowsiness
<input type="checkbox"/> Rheumatism	Analgesics	Drowsiness, inability to concentrate
<input type="checkbox"/> Weight Control	Stimulants	False feeling of alertness, over excitability
<input type="checkbox"/> Heart Condition	Blood thinners	Drowsiness, blurred vision

EMOTIONAL CONDITIONS	DRUG TYPE	SIDE EFFECTS ON DRIVING
<input type="checkbox"/> Anxiety	Sedatives	Drowsiness, staggering
<input type="checkbox"/> Depression	Stimulants	False feeling of alertness, over excitability
<input type="checkbox"/> Fatigue	Stimulants	False feeling of alertness, over excitability

Other conditions and/or medications that RTP should be aware of:

Additional Comments:

Name (Print) _____ Signature: _____ Date: _____

RTP Volunteer Driver Emergency Contact Information

Volunteer Name: _____

Emergency Contact #1

Name: _____

Phone Number: _____

Alternate Phone Number(s): _____

Relationship to volunteer: _____

Emergency Contact #2

Name: _____

Phone Number: _____

Alternate Phone Number(s): _____

Relationship to volunteer: _____

Emergency Contact #2

Name: _____

Phone Number: _____

Alternate Phone Number(s): _____

Relationship to volunteer: _____

State Bureau of Identification
Maine State Police
36 Hospital Street
Augusta, Maine 04330-6514

DATE: _____

REQUEST FOR CRIMINAL HISTORY RECORD

As authorized by 16 MRSA 615, we hereby request all criminal history information for the following person:

NAME:

DATE OF BIRTH:

_____/_____/_____
(First) (MI) (Last) (Month) (Day) (Year)

Other Names Known By: _____

Enclosed you will find a check to cover the fee of seven dollars (\$7.00) per request.

I, _____, do hereby authorize Regional Transportation Program, Inc. (RTP) to request and receive any and all criminal history information about me held by the SBI or any other agency.

Signature

Date



Child and Family Services
 An Office of the
 Department of Health and Human Services

John E. Baldacci, Governor Brenda M. Harvey, Commissioner

Department of Health and Human Services
 2 Anthony Avenue
 # 11 State House Station
 Augusta, Maine 04333-0011
 Tel: (207) 624-7900
 Fax: (207) 287-5282; TTY: 1-800-606-0215

INITIAL RELEASE AUTHORIZATION FOR MAINE CHILD PROTECTIVE SERVICES CASE RECORDS RESEARCH

AGENCY ID#: _____ **AGENCY NAME:** Regional Transportation Program, Inc. (RTP)

I, _____, authorize release of confidential information by the Maine Department of
 (Please print clearly)
 Health and Human Services, Office of Child and Family Services, regarding whether I have been involved in a substantiated
 Maine Child Protective Services case.

Enclosed is the \$15.00 fee authorized under P.L. 2003, C. 673, Part W, payable to the Treasurer, State of Maine.

I understand that:

- a. If this search shows that I have been involved in a substantiated child protective case, another release by me is required before the nature of my involvement will be disclosed to the agency/service provider identified below.
- b. This information will be used as part of the agency/service provider's assessment of my suitability to provide services for children, adults, and families for this agency.
- c. This information is subject to continuing confidentiality as provided by Maine statutes Title 22 §4008.

This consent will expire upon the release of the information as authorized.

This consent may be revoked by me in writing at any time, except for information that has already been released.

Agency/Provider to receive this information:

Contact Person: Volunteer Coordinator
 Agency: Regional Transportation Program, Inc.
 Mailing Address: 127 St John Street
 City, State, Zip: Portland, Maine 04102

My date of birth: _____
 (Confidentiality laws prohibit providing information on individuals under 18.)
 Other names known by, including _____

 Signature (subject of records research) Date

 Address

This form should be completed by the individual who is the subject of the child protective records research request. This form should accompany the 083 Findings Form. Please include a self-addressed postage paid return envelope and a check/money order for the fee(s) of \$15.00 per person, payable to the Treasurer State of Maine. Please mail your requests to DHHS, Child Protective Intake, Records Research, SHS 11, 2 Anthony Avenue, Augusta, ME 04333. For questions please call 1-800-452-1999 x2.

OCFSCP-082
Initial Release Form
Updated 03/08