

VOLUNTEER DRIVER APPLICATION CHECKLIST

DOCUMENT

DATE OF RECEIPT BY ZOOM

ZOOM Volunteer Driver Application

Volunteer Driver Vehicle Information

Driver Code of Conduct Agreement

ZOOM Volunteer Driver Statement of Understanding

Driver Insurance Notification and Agreement

Family Service of Chester County Client Confidentiality Policy

ZOOM Volunteer Driver Reference

Copy of Automobile Insurance Declaration Page

Copy of Automobile Insurance Card

Copy of Vehicle Registration

Copy of Driver's License

Copy of Driver Record

PA Criminal History Report

Child Abuse Report

FBI Fingerprint Report OR

Disclosure Statement for Volunteers (if PA resident over 10 years)

**Acknowledgement Statement Of Receipt And Understanding Of
Zoom Policies And Procedures Handbook**

WELCOME TO THE ZOOM PROGRAM

Lack of adequate public transportation in Chester County is a long-standing concern, usually at the top of lists of issues identified in community assessments.

Lack of affordable housing, also well documented in Chester County, means that our most vulnerable community members are often limited to housing resources in our older boroughs or rural areas where public transportation may not be accessible.

These two major community deficits not only severely impact the day-to-day lives of our poorer citizens but also limit access to health care, driving up costs and in effect ration an essential human need.

As Eldridge Cleaver is often quoted, “If you’re not part of the solution, you’re part of the problem.”

Becoming a ZOOM Volunteer Driver is your opportunity to truly be part of the solution. Not only will you be providing friendly, reliable means to getting people where they need to go, you will be contributing to fewer appointment cancellations due to lack of transportation as well as the reduced use of community emergency room services engendered by timely preventive or illness care. The end result will make a positive impact on reducing overall health care costs.

We salute your caring community interest and welcome you as a ZOOM Volunteer Driver.

Mark Butler, Executive Director, Family Service of Chester County

Lauren Piotrowski, ZOOM Program Coordinator, Family Service of Chester County

Have you ever been required by the State to file evidence of Financial Responsibility (SR22)? Yes No
If yes, please explain:

Name of Your Automobile Insurance Company: (please attach a copy of insurance card):

Has an insurance company ever refused, cancelled, non-renewed, or given notice of intention to non-renew automobile insurance to you? No Yes, Cancelled Yes, Refused Yes, Non-renewal

If yes, please explain and list company and agent name and phone:

Date: Reason:

Please list Name, Phone, e-Mail and Relationship of a personal reference:

I have internet access and am comfortable with using a web-based data program Yes No

My signature below authorizes ZOOM to obtain my driving record, including all Pennsylvania licensing actions that have taken place regarding the driver's license I now hold, may have held, or in the future may obtain. I also agree to obtain and provide criminal history, child abuse and FBI fingerprint clearances as needed.

Signature _____ Date _____

Interview Date: _____

Orientation Date: _____

VOLUNTEER DRIVER VEHICLE INFORMATION

Vehicle #1: Year: _____ Make: _____ Model: _____

Color: _____ # Passenger Seats _____ 2-Door 4-Door Van

Air Bags: Front Side

Equipped with LATCH system to secure infant or booster seat Yes No

Equipped with: Infant Seat Booster Seat

That you would permit a passenger to use for their child/children Yes No

Vehicle #2: Year: _____ Make: _____ Model: _____

Color: _____ # Passenger Seats _____ 2-Door 4-Door Van

Air Bags: Front Side

Equipped with LATCH system to secure infant or booster seat Yes No

Equipped with: Infant Seat Booster Seat

That you would permit a passenger to use for their child/children Yes No

Name: _____

Signature: _____ Date: _____

DRIVER CODE OF CONDUCT/AGREEMENT

The purpose of a Volunteer Driver is to provide safe and reliable transportation to and from essential preventative medical and life-sustaining services. Volunteer Drivers for ZOOM drive their own cars and are not reimbursed for expenses incurred. ZOOM provides general liability insurance for the overall program, but this is secondary to the Volunteer Driver's own auto insurance.

As a ZOOM Volunteer Driver, it is expected that you will adhere to the following Code of Conduct:

- I will conduct myself in a professional courteous manner, be friendly and understanding.
- I will be polite and treat passengers with respect and in a culturally-appropriate manner.
- I will wear or have visible proper ZOOM identification badge when providing transportation.
- I will be punctual for scheduled pick-up times.
- I will respect Passenger rights to confidentiality, including name, address/other personal information included in trip request or conversation while being transported.
- I will refrain from giving advice on family or personal matters.
- I will adhere to the policy of **Curb to Curb** service only and understand never to enter any client home.
- I will confirm, prior to begin driving, that all passengers are properly secured in their seat belts.
- If the passenger is accompanied by children, required infant or booster seats must be provided by the passenger and the passenger is responsible for the proper installation.
- No children under age 8 may be transported without use of appropriate restraint equipment; children age 8 or older may use standard seat belts.
- I will adhere to traffic laws.
- I will never transport a minor (anyone under 18 years of age) without accompaniment of parent.
- I will refrain from using strong perfumes to ensure an allergen-free ride.
- I will NOT:
 - Make sexually explicit comments/solicit sexual favors, or engage in sexual activity with passengers.
 - Solicit or accept/provide controlled substances, alcohol, or medications from/to riders.
 - Solicit or accept money from riders.
 - Use alcohol, narcotics, or controlled substances, or be under their influence while on duty.
 - Use any prescribed or over-the-counter medication while on duty that may affect my ability to drive safely.
 - Text, use phone, or use any type of headphones while driving.
 - Smoke in the vehicle while passengers are present, or allow passengers or escorts to smoke in the vehicle.
 - Be responsible for passenger's personal belongings.

Reports of volunteer driver misconduct will be the cause for immediate suspension from client service while being investigated. Confirmation of misconduct shall be cause for removal of the volunteer driver from the ZOOM program. If ZOOM receives complaints regarding any volunteer driver transporting passengers, and/or it is determined that the volunteer driver is not performing the service in a safe, reliable, or responsible manner and corrective action has not resulted in improved performance, the Program Coordinator will remove the volunteer driver from service to riders.

I have received a copy of the above *Driver Code of Conduct* and will abide by the contents: Yes No

Volunteer Driver Signature: _____ Date: _____

VOLUNTEER DRIVER STATEMENT OF UNDERSTANDING

The purpose of a volunteer driver is to provide safe and reliable transportation to and from essential medical appointments. Volunteer drivers in this program drive their own cars are not reimbursed for expenses incurred. ZOOM provides general liability insurance for the overall program, secondary to the volunteer's own auto insurance.

The rider being transported by a volunteer driver is a person who has been determined by the Partner Agency to have no appropriate means of personal transportation available and who has been informed/signed the Passenger Code of Conduct required to participate in the ZOOM program.

The following minimum insurance coverage is required for all volunteer drivers: \$100,000 bodily injury each person; \$300,000 bodily injury each accident; \$50,000 property damage. I understand that I must meet these standards for motor vehicle insurance, policy, or bond. My personal insurance is the primary liability protection and must be issued by a company authorized to do business in my state of residence.

I will provide proof of coverage of my vehicle insurance and update my file with a copy of my renewal insurance as needed. In the event that my coverage changes or is canceled, I will immediately notify the ZOOM Program Coordinator of such changes or cancellations.

I have had a valid driver's license for at least the past five (5) years. I will provide a copy of my valid driver's license. I understand that the ZOOM program requires that I will obtain and provide a driver's record.

I have had no at-fault vehicle accidents in the past three years. I will notify immediately and provide the ZOOM program with a copy of:

1. A report in the event I am involved in a vehicle accident.
2. Any traffic citation that I may receive while a volunteer driver for the ZOOM program.

I am physically capable of driving my vehicle safely and will not drive while using any drug that may affect my driving ability, either prescription or "over the counter." If requested, I will provide a statement from my physician stating that I am capable of participating in this program.

My vehicle is mechanically sound and is equipped with seat belts which I will use and enforce use by my passengers. Children age 12 and under will be placed in the rear of the vehicle and child restraint will be properly used for all children under 8 years old. Passengers must provide appropriate child restraint equipment for any child passenger under 8 years of age and the passenger is responsible for installation.

I will not accept donations from riders, but *riders may* make any donation directly to the ZOOM Program, Family Service of Chester County.

I will protect the rider's right to confidentiality. I will also respect their right to pursue an independent lifestyle and be non-judgmental in my interactions with them. I have been provided with information about the purpose of the ZOOM program and my role and responsibilities as a driver. I will notify the ZOOM program coordinator if I no longer wish to be involved in this program. Either the ZOOM program coordinator/director or I may terminate this agreement at any time.

I have read and understand the above statements.

Signed: _____ Date: _____

DRIVER INSURANCE NOTIFICATION AND AGREEMENT

Family Service of Chester County welcomes your participation as a ZOOM Volunteer Driver. It is our goal to ensure a safe and enjoyable experience for you and our passengers.

It is important that every Volunteer Driver understand the risks that may be involved as a driver and how insurance coverage works in the event of an accident. The good news is that volunteer driver programs around the country have very low insurance claim rates, however occasionally accidents do occur.

The most important point to understand is that the Volunteer Driver's auto insurance policy provides the primary coverage to the Volunteer Driver and their vehicle in case of an accident. This means that accidents must be reported to your insurance company and your insurance company will handle any resulting claims. Only in the event that the limits of your policy are exceeded for a particular claim will insurance provided by Family Service of Chester County come into play.

For the ZOOM Program, there are four layers of insurance coverage:

Layer One - Volunteer's Personal Auto Policy. This is the first policy that will come into play in the event of an accident. The liability limits will vary according to the coverage chosen by the volunteer. This is the only policy that will provide physical damage coverage for the volunteer's automobile. If the volunteer does not carry comprehensive and collision coverage on their automobile, then the vehicle is covered for liability only.

Only the volunteer's personal auto policy will provide physical damage coverage for their vehicle.

The minimum coverage that is required by your personal auto insurance policy is either a combined single limit of \$300,000, or a split limit of liability of \$100,000 per person, \$300,000 per accident, and \$50,000 of property damage.

Layer Two - Family Service of Chester County's Non-Owned Auto Liability Policy. Limit is \$1,000,000. This coverage would come into play only if Layer One coverage is exhausted.

Layer Three - Family Service of Chester County's Commercial Umbrella Policy. Limit is \$1,000,000. This policy adds an additional \$1,000,000 of coverage in the event that Layer Two coverage is exhausted.

Layer Four - Volunteers Insurance Service Excess Auto Liability Policy. This is part of a General Liability Policy for volunteers working on behalf of Family Service of Chester County. The excess auto liability coverage, up to \$500,000, would provide coverage if Level Three coverage were exhausted.

In summary, the Volunteer Driver is responsible for maintaining a minimum level of insurance coverage on their vehicle while participating as a driver in the ZOOM program. The Volunteer Driver's insurance will be the primary insurance coverage in the event of an accident. Family Service of Chester County provides significant coverage, but that coverage comes into effect only when the limits of the Volunteer Driver's personal insurance are exceeded. Potential drivers may wish to discuss this with their auto insurance provider. Potential drivers who are uncomfortable with the risk involved may wish to decline participation in the ZOOM program.



Volunteer Driver Acknowledgement: I have read and I understand the ZOOM program Driver Insurance Notification and Agreement. I agree to maintain an auto insurance policy on my vehicle at or above the minimum limits described in this agreement and to notify the ZOOM program of any changes in my policy, including termination of the policy. I understand that my auto insurance policy will provide the primary coverage in the event of an accident while I am participating in the ZOOM program. I have received a copy of this agreement.

Volunteer Driver Signature

Date

Volunteer Driver Name Printed

Date

FAMILY SERVICE OF CHESTER COUNTY CLIENT CONFIDENTIALITY POLICY

Information provided by a client to any Family Service of Chester County employee, volunteer, or student intern is covered by the agency policy on confidentiality. Confidentiality is upheld in all forms of written, electronic, oral, and signed communications relating to the client. This extends to employees and contractors who have direct contact with clients, and employees and contractors who do not have direct client contact, but may have access to client information in the course of performing their duties. Medical, personal, and all other information about clients are to remain in the strictest confidence.

This means not discussing with family members, acquaintances, or any third parties any information pertaining to clients. This is especially important in reference to clients who are Persons Living With AIDS. Confidentiality laws prohibit the discussion of information about Persons Living With AIDS without their permission. Family Service of Chester County has determined that this degree of confidentiality must be extended to all clients in all programs. It is recognized that employees of the agency may, in the course of performing their duties, have access to confidential information about other employees of the agency, including salary information, medical history, or other sensitive personal information. Therefore, employees shall also respect the confidentiality of information regarding employees.

Any unauthorized disclosure of information about agency employees is good cause for termination of the disclosing employee(s). I have read and understand the above summary of the Family Service of Chester County Personnel Policies and Practices. I agree to conform to this policy. I understand that any violation of this policy may result in disciplinary action up to and including immediate termination.

Name of Volunteer: _____

Signed: _____

Date: _____

ZOOM VOLUNTEER DRIVER REFERENCE

Name of volunteer applicant: _____

Name of reference: _____

Address: _____

Phone: _____

E-Mail: _____

1. What is the nature of the relationship with this applicant? (Check all that apply)

- Employer Friend Neighbor Relative Coworker Other

2. How long have you known the applicant? _____

3. Volunteers will be required to keep confidential any information given about a client. Would you have any concern about this individual's ability to maintain confidentiality? Yes No *If yes, please explain*

4. Do you feel the applicant would be compassionate and caring to the following populations?

- Low income Elderly Non-English speaking Children Mentally challenged Physically challenged Behaviorally challenged

5. If you've had experience as a passenger in the applicant's vehicle, have you found him/her to be a safe and cautious driver?

- Yes No *If no, please explain*

6. Has this person ever had or currently has a drinking or drug abuse problem?

7. Do you know any reason why this applicant would not serve well as a volunteer driver?

**Please provide this form to your personal reference and have the form returned to
Lauren Piotrowski, ZOOM Program Coordinator
310 North Matlack Street
West Chester, PA 19380
lpiotrowski@familyservice.us**

CLEARANCES NEEDED TO VOLUNTEER FOR THE ZOOM DRIVER PROGRAM

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE INSTRUCTIONS

Requirements for clearances:

- Clearances that have been obtained in Pennsylvania within the past 60 months are acceptable and considered current.
- Clearances obtained for employment purposes are acceptable for volunteer purposes.
- A Child Abuse Clearance can be obtained through the [Child Welfare Portal](#).

Electronic Submission

Creating an account and submitting your clearance application online will give you immediate access to your results or the status of your results if your results cannot be processed immediately. Visit <http://www.compass.state.pa.us/CWIS>.

Paper Submission

[CY113 form - English Child Abuse Clearance](#)

Paper submissions of the Pennsylvania Child Abuse History Clearance application will still be accepted for anyone who may not have access to the Internet. Submit paper applications to:

ChildLine and Abuse Registry
Pennsylvania Department of Human Services
PO Box 8170
Harrisburg, PA 17105-8170

1. The instructions for how to complete the Pennsylvania Child Abuse History Clearance application are now included on the last page of the application and can be printed for easy reference when completing the application. Failure to comply with the instructions that are attached to the application will cause considerable delay in processing the results.
2. Applicants can now type their information directly onto the application or the information can be hand written onto the application.
3. If the information is typed directly onto the application, the information will NOT be able to be saved on a computer unless the computer has a licensed version of the acrobat adobe software. Therefore, please be sure to print the completed application before closing the document so that the information typed on the application is not lost.
4. If you have trouble accessing the application you may need to download the latest version of Adobe Reader, which is available free on the internet.

NOTE: ALL information that has been entered directly onto the application will be lost if you close the application prior to printing it (if your computer does not have a licensed version of the Acrobat Adobe software).

Once the application is received in the ChildLine and Abuse Registry's Verification Unit, the results of the Pennsylvania Child Abuse History Clearance will be mailed to the applicant's address that was noted on the application within 14 days from the date that the application is received in the ChildLine Verification Unit.

PENNSYLVANIA STATE POLICE CRIMINAL RECORD CHECK INSTRUCTIONS

There are two methods of requesting a Criminal Record.

1. Online Request

[The Pennsylvania State Police have established a web-based computer application called "Pennsylvania Access To Criminal History." \(PATCH\).](#)

2. Submitting a Request Form

[Download the Criminal History Request Form: Volunteer Only- SP4-164A](#) (Updated 12/2017)

Applicants can also go to the [Pennsylvania Access To Criminal History website](#) and apply for their criminal record check online with the Pennsylvania State Police.

If you have questions about the Pennsylvania State Police Request for Criminal Record Checks form for employment (SP4 164) or to volunteer (SP4-164A), please call: (717) 783-9973 or toll free 1-888-783-7972.

FEDERAL BUREAU OF INVESTIGATION (FBI) CRIMINAL BACKGROUND CHECK INSTRUCTIONS

If you have been a Pennsylvania resident for 10 years or longer, you do not need to have your fingerprints digitally scanned. In lieu of fingerprints, you are required to sign a [DISCLOSURE STATEMENT APPLICATION FOR VOLUNTEERS](#).

If you have been a Pennsylvania resident for less than 10 years, you must complete a fingerprint-based background check.

Fingerprinting Process

1. Appointments to be fingerprinted are not required, but **pre-registration** is required either online or by phone. To register online, please go to www.identogo.com; by telephone please call 1-844-321-2101 and listen to the options menu.
2. When you register, you will need to use the Volunteer Service Code: 1KG6ZJ
3. Once registered, you may walk in during a location's posted hours of operation, but scheduling an appointment may lead to lesser/no wait times. In order to pre-register for a FBI background check and/or find a fingerprinting location, applicants should access the IDEMIA website. It is strongly encouraged that the volunteer contact the site prior to going there as the information on the IDEMIA website may differ from actual hours of operation.

For general questions about FBI clearances, please contact the FBI Background Check Unit at 717-783-6211 or 1-877-371-5422. For IDEMIA registration, processing, or billing questions, please contact IDEMIA/Identogo at 1-844-321-2101.

DRIVER RECORD

1. Go to <https://apps.pa.egov.com/idr>
2. Check the box to confirm that you are accessing your own driving record. Click on **I Agree**.
3. Enter your information into the required fields: Driver's License Number, Date of Birth, and Last 4 digits of Social Security No. Click on **Login**.
4. Select the radio button next to Full History Record (\$10.00) and select **Order**.
5. Select **Proceed to Payment**, fill out payment information, and click on **Next**.

Using this service will allow Pennsylvania Drivers to obtain their Driver Record online and print the record at the end of a successful order. You must click on the link to print out the PDF of your Driver Record.

NOTE: You MUST have Adobe Reader Version 9 or higher installed on your computer. (Download Adobe Reader) Chrome users: Google Docs will not work for the Driver Record PDF file. Adobe Reader must be installed.

COSTS

1. PA History of Child Abuse Clearance -Cost: Free *unless you are re-applying within 5 years of your last clearance
2. Background/Criminal Record Check – Cost: Free *unless you are re-applying within 5 years of your last clearance
3. Registration for Fingerprinting – Cost: \$25.75 fee
4. Fingerprint Scanning – Cost: No additional fee
5. Driver Record -- \$10.00 fee

You will need a printed copy of these reports to be submitted to the ZOOM Program Coordinator. If you do not have a printer, call 610 696 4900 (ext 114) to schedule a time to obtain reports at FSCC.

ACKNOWLEDGEMENT STATEMENT OF RECEIPT AND UNDERSTANDING OF ZOOM POLICIES AND PROCEDURES HANDBOOK

I acknowledge that I have received a copy of the ZOOM Policies and Procedures Handbook. I understand that if I have questions or concerns at any time about the information contained in this handbook, I will contact the ZOOM Program Coordinator for clarification. By signing below I agree to follow the policies and procedures within the handbook.

I acknowledge and understand that I am to read and agree to this handbook before assigning myself a ride requested on assistedrides.com.

Volunteer's Signature

Volunteer's Name (Please Print)

Date