



NEW VOLUNTEER DRIVER REQUIRED DOCUMENTS (Included in this packet)

- ❖ _____ Volunteer Application
- ❖ _____ W-9
- ❖ _____ Background Information Disclosure (BID)
- ❖ _____ Copy Driver's License
- ❖ _____ Copy of Insurance Declaration Page
- ❖ _____ Conditions of Service Form
- ❖ _____ Confidentiality Form
- ❖ _____ Volunteer Waiver and Release Form
- ❖ _____ Code of Ethics and Volunteer Confidentiality Agreement

Documents will be required to complete mileage reimbursements



VOLUNTEER APPLICATION

Aging and Disability Resource Center of NW Wisconsin

PERSONAL INFORMATION (please print clearly)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Landline

Email: _____

Preferred method of contact: Phone Email

Date of birth: _____

VOLUNTEERING OPPORTUNITIES (mark area(s) of interest):

Medical/Personal Errand Rides

(using own vehicle – local and long-distance trips including Twin Cities, Duluth, etc.)

Social Rides & Wheelchair Medical Transports

(using ADRC minivan & buses – local and long-distance trips including Twin Cities, Duluth, etc.) Additional third-party application to be completed

Hot Meal Deliveries (local route(s) with own vehicle)

VOLUNTEERING AVAILABILITY

Mondays

Tuesdays

Wednesdays

Thursdays

Fridays

Saturdays

Sundays

Mornings (6am-12pm)

Afternoons (12 noon-6pm)

Evenings (6pm-11pm)

Year round

Spring/Summer/Fall

Winter



VOLUNTEERING INFORMATION

1. Do you smoke? No Yes
2. Are you allergic to animals (dogs, cats, farm animals)?
 No Yes, _____
3. Do you have any physical limitations that we should know about?
 No Yes, please explain _____

4. Have you volunteered for other agencies/organizations/programs who serve elderly (60+) and individuals with disabilities (17 ½ years of age+)?
 No Yes
5. What motivates you to volunteer with ADRC Transportation (please rank in order of importance to you: 1, 2, 3,...)?
____ Looking for additional income
____ Have a friend that needs transportation
____ Passion for elderly and disabled
____ Enjoy volunteering
____ Want to make an impact
____ Social connections
____ Available time
____ Enjoy driving
____ Other _____
6. Have you had 3 or more driving offenses in the last 3 years?
 No Yes, please provide details about them _____

7. Have you ever been convicted for violating any county, state or federal laws?
 No Yes, please explain _____



EMERGENCY CONTACT INFORMATION

Name: _____

Phone: _____ Relation: _____

VEHICLE INFORMATION

Driver's License #: _____ Expiration Date: _____

Make/Model of Vehicle: _____

Year of Vehicle: _____ License Plate #: _____

Vehicle Insurance Company: _____

Policy Number: _____ Renewal Date: _____

**** Contact your insurance company to fax a copy of the Declaration page to (715) 500-6504 ****

REFERENCES

Please list 2 people we may contact who are not family members. You may include employers, teachers, religious leaders, or others whose relationship to you is more than personal friends.

Name: _____

Phone: _____ Relation: _____

City and State of Residence: _____

Name: _____

Phone: _____ Relation: _____

City and State of Residence: _____

My signature below certifies that the above information provided is true, accurate, and complete to the best of my knowledge and belief.

My signature below confirms my consent for Aging and Disability Resource Center to contact my references listed above as well as to conduct a routine criminal background check including my driving record.

Applicant's Signature

Date



GENERAL POLICIES & PROCEDURES FOR DRIVING

All drivers must pass background checks including driving records and a caregiver background check through the *Background Information Disclosure (BID) For Entity Employees and Contractors* form. The agency has the right to accept or reject any application based on the information received and retain the right to re-check at any time.

No drivers are to be considered employees of Burnett County, Polk County or the ADRC of Northwest Wisconsin. Van/bus drivers must pass application process and be hired through contracted agency.

All drivers must produce their valid driver's license. Those volunteers using their own vehicles are required to provide the ADRC with a current Insurance Policy Declarations page from a valid automobile insurance policy. If the policy expires and a new Declarations Page is not provided, we are required to suspend your status as a volunteer driver. ****Minimum liability coverage of \$100,000/\$300,000 is required.**

Conditions of Service Form

- All riders must wear safety belts. A Wisconsin Department of Transportation administrative rule (315) exempts persons' who, because of a physical or medical condition, cannot use safety belts. A written statement attesting to the fact from a licensed physician must be presented to the driver.
- In the interest of safety, the agency retains the right to withdraw a driver should concerns be raised about their safety or ability to perform the functions of the role. Drivers must inform their **agency contact (Transportation Coordinators or Outreach & Mobility Manager)** if they are no longer able to drive or are advised by a doctor or optician to refrain from driving.
- Alcohol or drugs can impair ability to drive and driving under the influence of either disqualifies drivers immediately. Certain medications may also cause drowsiness or impair reactions. Do not drive if you are taking such medications, when in doubt please check with your **agency contact**.
- There must be no smoking within the vicinity of any passengers even in a driver's own vehicle. Smoking in the agency's vehicles is strictly prohibited regardless of the presence of passengers.
- Drivers must comply with all driving regulations and laws of the location in which they are transported.



- Drivers may not use their cell phone or other electronic devices while operating vehicle.
- Practice automobile safety. Check all lights, horns, wipers, tires, fluids and brakes regularly. Keep your vehicle clean inside and out.
- Drivers are not to accept any tips or monetary gifts from passengers. A passenger may or wish to give a small gift as a token of appreciation and this acceptable. Consider a value of under \$10 acceptable (jar of jelly or plate of cookies). Money is never to be accepted. The driver will notify their **agency contact** when gifts are received.
- Drivers will refrain from being involved in the legal and financial affairs of whom they are serving. Drivers will maintain a professional relationship with passengers. Conversely, the drivers will refrain from drawing the passengers into their own personal/family affairs. Should the Transportation Coordinators or the Outreach & Mobility Manager become aware of inappropriate involvement, immediate action will be taken up to and including dismissal of participation.
- Drivers of the ADRC are entitled to work in an environment free from personal or sexual harassment from staff, passengers, or other drivers and to have any complaints in this area dealt with by management. Please notify your **agency contact** immediately if a situation arises.

Service in Action Form

Code of Ethics: The purpose of this Code is to establish ethical standards of conduct for all drivers by identifying those acts or actions that are not compatible with the best interest of the individuals served by the ADRC and Aging Program.

- Drivers will treat all individuals with the same care. A driver shall not give special consideration, treatment or advantage to any individual beyond that which is available to every other individual.
- Drivers shall not accept anything of value from clients they are serving or assisting. **NO** tips or monetary gifts are to be accepted from any individual for services rendered. If the customer tries to pay for their meals or trips, remind them they will receive a statement and an envelope addressed to the ADRC office for mailing in their donation. **EXCEPTION: Collection of van or bus usage fee.**



- Drivers serve with care and intelligence. They are not to judge living conditions or standards of the individual served. However, you are obligated to report the customer whose safety or health is compromised or at risk by calling the ADRC Aging Unit Supervisor for Nutrition program or the Transportation Coordinators for transportation programs at (877) 485-2372.
- Drivers will respect an individual's right to privacy:
 1. Do not interject or discuss religious beliefs, attitudes, values or offer medical advice.
 2. Political views are personal and not to be discussed.
 3. The recipients we serve are often vulnerable, frail, lonely and at risk of possible exploitation and/or easily influenced. It is our responsibility to accept this and not in any way take advantage of any information for personal or financial gain.

I acknowledge that the ADRC of Northwest Wisconsin, Burnett County and Polk County Transportation Program provides resources and services to clients 60+older and/or their families. In providing such services, confidential personal, technical, and business information about the individuals receiving services is shared.

While I am volunteering my time and effort in assisting the ADRC Transportation program in providing such service to clients, I recognize it is my responsibility to maintain the confidentiality of all such personal, technical, and business information and comply with the Health Insurance Portability and Accountability Act (HIPPA) standards.

Confidential information includes, but is not limited to, any information that identifies a client or discloses any information about the client. I agree that I will not share any information regarding a client's service by the ADRC Transportation Program, and I will not acknowledge that a person may be receiving services from the program, including both verbal and written sharing of information. I also agree that I will not share any client information even if the information is available through other means. I further acknowledge that the confidentiality policy applies after termination as a volunteer with the program.

I verify that I have read, understand, and accept the above:

Applicant's Signature

Date



Volunteer Waiver and Release Form

The Burnett and Polk County Transportation Program of the ADRC of Northwest Wisconsin aids all county residents who are 60 years or older and/or under the age of 60 with disabilities. The ADRC Transportation Program strives to assist residents in locating and utilizing resources in the county which will help them experience aging with dignity, self-sufficiency, and security.

The ADRC is committed to conducting its programs, services and activities in a safe manner and holds the safety of volunteers in high regard. However, volunteers recognize that there is an inherent risk of injury when choosing to volunteer in performing or otherwise assisting Burnett and Polk County in providing services.

I, the undersigned volunteer, hereby express a desire to work as a volunteer for the Burnett and Polk ADRC of Northwest Wisconsin Transportation Program and engage in activities related to being a volunteer.

I further agree as follows:

- 1) I am donating my time and shall at no time be considered an employee of Burnett, Polk and the ADRC of Northwest Wisconsin.
- 2) That I assume full responsibility for my conduct and actions; including any injury or damage that may result while assisting Burnett and Polk County and the ADRC of Northwest Wisconsin.
- 3) That I hereby agree to indemnify, defend, and hold harmless Burnett and Polk County and the ADRC of Northwest Wisconsin, its supervisors, officers, agents, and employees from all claims, actions, suits, or liability whatsoever arising out of my assistance to Burnett and Polk County and the ADRC of Northwest Wisconsin.
- 4) Driver's License/Automobile Insurance – as driver of Burnett and Polk Counties ADRC Transportation Program, I agree to provide evidence of a valid driver's license in the form of a photocopy and certificate of insurance in the form of a photocopy of my automobile insurance declaration page to be on file. I understand that, except as otherwise agreed to by Burnett and Polk County and the ADRC of Northwest Wisconsin in writing that the Burnett and Polk County and the ADRC of Northwest Wisconsin will not carry or maintain automobile insurance for my personal vehicle(s). Burnett and Polk County and the ADRC of Northwest Wisconsin will maintain commercial general liability insurance which may cover losses in the event my personal automobile insurance exhausts its limits.

To express my agreement with the terms of this Volunteer Agreement/Waiver and release, my signature below.

Applicant's Signature

Date



Code of Ethics and Volunteer Confidentiality Agreement

- I acknowledge that the ADRC of Northwest Wisconsin, Burnett County Aging and Polk County Aging Programs provide resources and services to clients 60 years and older and/or their families. In providing such service, confidential personal, technical, and business information about the individuals receiving services is shared.
- While volunteering my time and effort in assisting the ADRC and Aging Program in providing such service to clients, I recognize it is my responsibility to maintain the confidentiality of all such personal, technical, and business information and comply with the Health Insurance Portability and Accountability Act (HIPPA) standards.
- Confidential information includes, but is not limited to, any information that identifies a client or discloses any information about the client. I agree that I will not share any information regarding a client's service by the ADRC and Aging Program. I acknowledge that a person may be receiving services from the program, including both verbal and written sharing of information. I also agree that I will not share any client information even if the information is available through other means. I further acknowledge that the confidentiality policy applies after termination as a volunteer with the program.

In addition to all policies listed above, I understand and will follow the expectations and guidelines established for the specific program for which they are selected. These as found in individual sections within the handbook and attached for your acknowledged receipt.

I agree to read the driver's policies and agree to comply with the policies contained in the handbook. I understand that any questions that I have that are not answered in the handbook should be directed to my agency contact (Transportation Coordinators or Outreach & Mobility Manager). I also acknowledge that information, policies, and procedures are subject to change and that revisions to the handbook may occur. All such changes will be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing policies.

I also agree to abide by the Aging and Disability Resource Center Confidentiality Policy and Code of Conduct. I understand that noncompliance with any of the policies and procedures in the driver handbook could result in termination.



I agree to indemnify, defend, and hold harmless Burnett and Polk County and the ADRC, its supervisors, officers, agents and employees from any claim, actions, suits or liability arising out of my negligent or intentional conduct in the provision of services under this Agreement.

Code of Ethics: The purpose of this Code is to establish standards of conduct for all volunteers by identifying those acts or actions that are not compatible with the best interest of the individuals served by the ADRC and Aging Program.

- Volunteers will treat all individuals with the same care. A volunteer shall not give special consideration, treatment, or advantage to any individual beyond that which is available to every other individual.
- Volunteers shall not accept anything of value from clients they are serving or assisting. NO tips or gifts are to be accepted from any individual for services rendered. If a customer tries to pay for the driver's meals, remind them they will receive a statement and an envelope addressed to the ADRC office for mailing in their donations.
- Volunteers service with care and intelligence. They are not to judge living conditions or standards of the individual served. However, you are obligated to report a customer whose safety or health is compromised or at risk by calling the ADRC Aging Unit Supervisor at (877) 485-2372.
- Volunteers will respect an individual's right to privacy:
 - Do not interject or discuss religious beliefs, attitudes, values or offer medical advice.
 - Political views are personal and not to be discussed.
 - The recipients we serve are often vulnerable, frail, lonely, and at risk of possible exploitation and/or easily influenced. It is our responsibility to accept this and not in any way take advantage of any information for personal or financial gain.

I verify that I have read, understand, and accept the above:

Applicant's Signature

Date

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)			
	2	Business name/disregarded entity name, if different from above.			
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>	
	<input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____				
	3b		If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>		
	5	Address (number, street, and apt. or suite no.). See instructions.		Requester's name and address (optional)	
	6	City, state, and ZIP code			
7	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 generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number										
		-			-					
or										
Employer identification number										
		-								

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* 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); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Background Information Disclosure (BID) For Entity Employees and Contractors

Purpose: State and federal law require background checks for certain types of employment, contract, or other roles involving contact with vulnerable persons receiving care or treatment. The information you provide on this form will be used to verify your eligibility for such a role. Providing inaccurate or incomplete information on this form may result in a forfeiture or other sanction, as provided in Wis. Stats. § 50.065(6)(c).

Type

- | | |
|---|---|
| <input type="checkbox"/> Applicant/employee | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Contractor | <input type="checkbox"/> Household member |
| <input type="checkbox"/> Student | <input type="checkbox"/> Other, specify:
_____ |

Describe the position for which you are applying or renewing:

Applicant information

Name (First, Middle, Last): _____

Social Security number: _____ Date of birth (MM/DD/YYYY): _____

Sex: Male Female Phone number: _____

Address – Street: _____

City: _____ State: _____ ZIP code: _____

Have you had or used any other names, including prior to marriage?

Yes No If yes, list each name fully: _____

Employer or organization verifying eligibility

Name of employer or organization that asked you to complete this form:

Address – Street: _____

City: _____ State: _____ ZIP code: _____

Disclosures

If additional space is needed for answering the questions below, please use the additional page at the end of this form.

1. Pending criminal charges

Do you have any criminal charges pending against you, including in federal, state, local, military, and Tribal courts? Yes No

If **yes**, describe the charge and indicate the name of the court, the state, city, month and year you were charged.

2. Convictions for crimes

Were you ever convicted of any crime anywhere, including in federal, state, local, military, and Tribal courts, or in another country? Yes No

If **yes**, describe the crime and indicate the name of the court, the state, city, month and year you were convicted.

3. Abuse or neglect of a child

Please note that Wis. Stat. § 48.981, *abused or neglected children and abused unborn children*, may apply to information concerning findings of child abuse and neglect.

Has a government or regulatory agency (other than the police) ever found that you abused or neglected a child? Yes No

If **yes**, describe the conduct and indicate the agency that made the finding, the state, city, month and year of the finding.

4. Abuse or neglect of an adult

Has a government or regulatory agency (other than the police) ever found that you abused or neglected an adult? Yes No

If **yes**, describe the conduct and indicate the agency that made the finding, the state, city, month and year of the finding.

5. Stealing or other misappropriation

Has a government or regulatory agency (other than the police) ever found that you stole or misappropriated (improperly took or used) a person's property (e.g., money, medications, etc.), identity, or financial information (e.g., credit card, checks, etc.)? Yes No

If **yes**, describe the conduct and indicate the agency that made the finding, the state, city, month and year it occurred.

6. Restriction on credentials

Do you have a government issued credential that is not current or has been revoked, suspended, or that limits you in any way from providing care to clients? Yes No

If **yes**, identify the type of credential and indicate the credentialing agency, the restriction, and the state, city, month and year it was issued.

7. Denial, revocation, or limitation on license, certification, or registration

Has a government or regulatory agency ever denied, revoked, or limited your license, certification, or registration to provide care, treatment, or educational services? Yes No

If **yes**, indicate the license, certification, or registration type and indicate the issuing agency. Include a description of the denial, revocation, or limitation, and the state, city, month and year it was issued.

8. Denial, revocation, or limitation on ability to reside on certain premises

Has a government or regulatory agency ever denied, revoked or limited your ability to live on the premises of a facility that provides care or treatment? Yes No

If **yes**, describe the denial, revocation, or limitation and identify the issuing agency, the state, city, month and year issued.

9. Rehabilitation review

Have you ever requested a rehabilitation review from the Wisconsin Department of Health Services, a county department, private child placing agency, school board, or DHS-designated Tribe? Yes No

If **yes**, indicate the agency that conducted the review, the outcome, month, and year of the review.

Note: You must provide a copy of your rehabilitation review letter to your employer or organization. Your employer or organization must verify your status with the agency that issued the decision.

10. Armed forces

Have you been discharged from a branch of the US Armed Forces, including any reserve component? Yes No

If **yes**, indicate the month and year of discharge.

Note: You must provide your DD214 to your employer/agency, if you were discharged within the last three (3) years.

11. Out-of-state residence

Have you resided outside of Wisconsin in the last three (3) years? Yes No

If **yes**, list each state, city, and the dates you resided there.

12. Government employee

Are you applying or renewing eligibility to work as a government employee for the State of Wisconsin (e.g. a state agency, treatment facility, institute, etc.)? Yes No

If **no**, skip to the attestation below. If **yes**, have you resided outside of Wisconsin in the last seven (7) years? Yes No

If **yes**, list each state, city, and the dates you resided there.

Review your responses and the following attestation carefully before signing.

Attestation

I have completed and reviewed this form. The information I provided is accurate and complete. I understand that providing inaccurate or incomplete information on this form may result in a forfeiture or other sanction, as provided in Wis. Stats. § 50.065(6)(c).

Signature — Person completing this form: _____

Date signed: _____