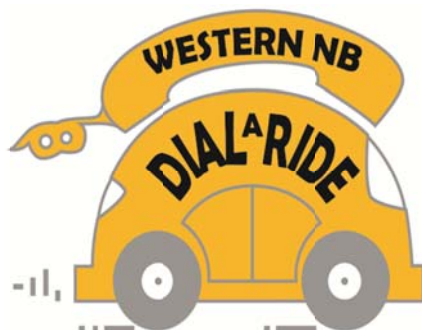


Western NB Alternative Transportation Association

(855) 276-3334

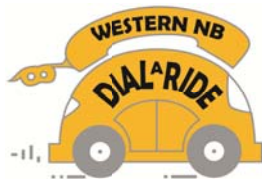


Thank you for your interest in becoming a **volunteer driver**. This package should include the following:

- Volunteer Driver Registration Form
- Operations Policy
- Photocopy of Insurance Card
- Photocopy of Driver's License
- Policy on Confidentiality
- Oath of confidentiality Form
- Request for background check form (RCMP). You bring this form to the local RCMP office; they require this form to be signed by WNBATA the manger before they will begin the check. The background check may take a couple days and they will tell you when to come back for form.
- Volunteer's Emergency Contact Form
- Volunteer Driver Acknowledgement
- Volunteer Driver Service Agreement

Other Records we need for our files

Driver Record from Service New Brunswick (cost \$10.00) and they can process it while you are there.



Western NB Alternative Transportation Association

Volunteer Driver Registration Form

First Name: _____ Last Name _____

Address: _____ Postal Code: _____

Telephone: _____ E-Mail _____

Occupation: _____

Please indicate the time slots you would be available on a weekly basis:

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00am-1:00pm					
1:00pm-5:00pm					

Are there days or times when you cannot be contacted? _____

Are you available for long trips involving 100 kilometers or more, and 6 to 7 hours long? _____

Are you able only to do short trips? _____

Please provide your Driver's License Number: _____

What is the make and year of your vehicle(s)? _____

Please provide the license plate number on your vehicles(s). _____

Are you comfortable providing assistance to people with disabilities? Please describe:

Are you willing to incur the cost of upgrading your personal vehicle insurance to \$1M minimum coverage?

Please provide a copy of your driving record. (You can request your Driver's Abstract at SNB.)

For security reasons, please provide a criminal record background check by the RCMP. (For residents of the Town of Woodstock, you will need to have a criminal record background check by the Woodstock Town Police.)

VOLUNTEER DRIVER REGISTRATION FORM continued...

For security reasons, please provide three character references with telephone number:

Please provide a signed oath of confidentiality stating your intent to keep confidential any information you are made privilege to regarding our clients.

Is there any other information that might affect your ability to provide volunteer driver service that we should be aware of?

I agree to donate my services with compensation for fuel costs on a kilometer basis. _____

If you choose to donate your mileage reimbursement back to the Western NB Alternative Transportation Association, you will be issued a charitable tax receipt.

Applicants Signature:

_____ Date: _____

Thank you!

Your willingness to volunteer as a driver for Western NB Dial-A-Ride is greatly appreciated!



WESTERN NB ALTERNATIVE TRANSPORTATION ASSOCIATION
WESTERN DIAL-A-RIDE PROGRAM

Operations Policy

The Western NB Alternative Transportation Association (WNBATA) is a non-profit organization with a mission **to provide access to transportation for residents of Western NB that is dependable, courteous, safe, efficient, inclusive and sensitive to the needs of all individuals and respectful of the privacy of all concerned.** The Dial-A-Ride service is structured for the primary purpose of addressing the transportation needs of those most vulnerable in our communities. This membership policy provides guidelines as day-to-day operations of the Dial-A-Ride service.

Hours of Operation: The hours of operation of the WNBATA service are Monday to Friday 8:00 am - 5:00 pm. Rides are not available on evenings, weekends and statutory holidays.

Geographic Area: WNBATA will provide drives within Western NB (covers Riley Brook to Nackawic). Drives to Fredericton, Saint John, Moncton, Grand Falls, and Edmundston are only available for medical services, which are not provided in Western NB.

Procedures for Ride Reservations: Ride reservations are provided to USER MEMBERS in good standing (see Membership Policy).

All rides are to be reserved at least 48 hours in advance by calling the dispatcher number, and either speaking directly to the dispatcher, or leaving a detailed message as to the ride requirements. These include the name of the member, the date of ride, the pickup time, and where the member needs to go.

Punctuality: It is important for the credibility and efficiency of the service that all drivers and members understand the importance of punctuality. Drivers are not expected to make any unscheduled stops on the way to or from the member's destination as this may interfere with the driver's schedule. Many drivers have more than one drive a day so schedules need to be met.

Scheduled Stops: All scheduled stops for any given trip must be pre-arranged with the dispatcher at the time the ride reservation is made. Drivers are not to make any unscheduled stops on the way to or from the member's destination as this may interfere with the driver's schedule. Many drivers have more than one drive a day so schedules need to be met.

Shared Service: In order to make the most efficient use of vehicle kilometers traveled, the dispatcher shall attempt to coordinate drives as such that more than one member can be travelled at once. A driver may have to make a short detour along their way to pick up an additional member. If necessary, and possible, members will be asked to adjust their schedule to facilitate the sharing of rides.

Emergency Services: The Western Dial-A-Ride service operates on a reservation system with 48 hours notice. It does not provide emergency transportation services.

OPERATIONS POLICY continued...

Coordinated Service: The dispatcher shall make every effort to coordinate the efficient delivery of service. For example, should there be a member of WNBATA residents having appointments for medical service either in Western NB, Fredericton or Saint John, the dispatcher may contact the medical facility and request that appointments for WNBATA members take place on a given day of the week so that more passengers can travel at once.

Weather Considerations: Safety and security of our members and volunteer drivers is of paramount concern to WNBATA. Cancellation of transportation services will be at the discretion of the operations manager, who will take into consideration the nature of the weather conditions occurring or forecast of the day. If drivers express concern about conditions and choose not to drive, then services shall be canceled. If possible those with rides reserved for that day shall be contacted and the rides will be rescheduled.

Assistance for People with Disabilities: Members with disabilities will be asked about the nature of their disability, and the type of additional assistance required in order for their transportation needs will be met.

Where appropriate, drivers with the confidence and ability to provide such services will be matched to members in need. Otherwise, members may have a caregiver, who does not need to be a paid member of WNBATA, but the caregiver will be charged a fee for the travel equal to half the fare of the rider.

In short term WNBATA will not be able to transport people who require wheelchair accessible vehicles, unless it can fit in the trunk.

Priority of Service: WNBATA will strive to meet all ride requests. All ride requests shall be tended to on a first come first serve basis. However, if priority must be assigned for any reason, the dispatcher will use some judgment regarding how this priority should be assigned. For example, a ride for a medical appointment or a ride to a place of employment might take precedent over a ride for a social visit.

Smoking: All Dial-A-Ride drivers and members shall not smoke in the vehicle during trips.

Courtesy: All WNBATA drivers, volunteers and members shall conduct themselves with common courtesy and respect at all times.

Refusal of Service: Volunteer drivers shall reserve the right to refuse to provide transportation services if the member conducts him/herself in a manner that is deemed socially unacceptable (i.e. has poor hygiene), is or seems to be under the influence of alcohol or drugs, is abusive or otherwise uncooperative, or otherwise harasses the driver to the point where his/her comfort level with the passenger is exceeded beyond his/her willingness to provide the transportation service.



WESTERN NB ALTERNATIVE TRANSPORTATION ASSOCIATION

POLICY ON CONFIDENTIALITY

PURPOSE:

To insure that all Western NB Alternative Transportation Association Inc. employees and volunteers adhere to proper legal and ethical standards regarding the confidentiality of any and all information disclosed to or known by them as a consequence of their employment or volunteer activities with the Agency that is in not generally know to people outside the Association.

SCOPE:

This policy applies to all activities and locations of the Association.

RESPONSIBILITY:

The interpretation and administration of this policy shall be the responsibility of the employee's or volunteer's operations manager, together with the President of the Board. If you have any questions about the confidentiality of any information, consult your operations manager and the President of the Board, before disclosing the information or using the property.

POLICY:

Employees and volunteers have an ethical duty not to disclose confidential information obtained from employment and business transactions, and to protect confidential relationships between the Association and its members as well as all other entities with which the Association does business.

PROCEDURE:

In consideration of my association as a volunteer with the Association, and the payment to me for the mileage reimbursement that I shall receive during my association, I agree as follows regarding the disclosure of confidential information.

The protection of the Agency's confidential information is vital to the interests and success of the Association. Confidential information is any, and all, information disclosed to or known by you as a consequence of your association with the WNBATA, that is not generally known to people outside the Association about its business, its marketing and sales strategies and plans, its finances, operations, employees, methods, processes, compositions, machines, computer software or programs, research projects, members, member accounts, member information, member reports and member finances, product information and reports, drivers, accounts, billing methods, pricing data, sources of supply, business methods, production or merchandising systems or plans, and any and all information entrusted to the Association in confidence by third parties. Confidential information is further defined on page 2 of this policy.

I will not, without the Association's prior written permission, disclose to anyone outside of the WNBATA any confidential information or material of the Association or any information or material received in confidence from third parties by the Association, I will promptly return all of the Association's property in my possession, including all confidential information or materials. I will not retain a copy in any form or medium.

POLICY ON CONFIDENTIALITY continued...

1.) Generated, collected by, or utilized in the operation of the Association that relates to the actual or anticipated business or research and development of the Agency; and development of the Association; and

2.) Suggested or resulting from any duties assigned to me or work performed by me or work performed by me For, or on behalf of, the Association which has not been made generally available to the public.

I will not disclose to the Association, use in its business, or cause it to use, any information or material which is subject to the confidence of others except with permission of the owner.

I will comply with, and do all things necessary for the Association to comply with all applicable laws and regulations and with provisions of contracts of the Association that relate to or the safeguarding of information.

A volunteer who improperly uses or discloses confidential information may be subject to disciplinary action, up to and including immediate termination of association and legal action, even if the volunteer does not benefit from the use or disclosure of information.

I agree that for any actual or threatened violation of this policy by me, the Association may use all lawful means to enforce this policy and I shall be liable to the Association for its damages and enforcement costs, including its attorney's fees.

With respect to this subject matter, this is my entire agreement with the Association, and it supersedes (to the extent enforceable) all previous oral or written communications, representations, understandings, undertakings, or agreements by or with the Association.

ACKNOWLEDGEMENT

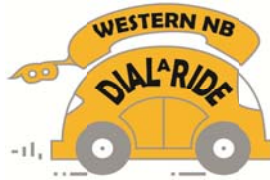
Your signature below indicates that you have read, understand, and agree to the Association's Confidentiality Policy and that you intend to comply with this policy.

Volunteers Full Name (please print):

Volunteer's Signature:

Date: _____

Effective Date: _____



Western NB Alternative Transportation Association

OATH OF CONFIDENTIALITY

As a director, staff, or volunteer driver with the Western NB Alternative Transportation Association Dial-A-Ride service, I the undersigned, agree to maintain in perpetuity the confidentiality of all information pertaining to clients, volunteers, or staff at the Western NB Alternative Transportation /Association. A Breach of Confidentiality will result in my termination as a volunteer with this organization.

Volunteer's Name (please print): _____

Volunteer's Signature: _____

Date: _____

I have explained the implications of signing the Oath of Confidentiality

to _____ and am fully satisfied that he/she understands the

above and is aware of the necessity to hold all information in absolute confidence.

Date: _____

WNBATA Dial-A-Ride Operations Manger: _____



Western NB Alternative Transportation Association

BACKGROUND CHECK REQUEST FOR VOLUNTEER DRIVER:

This is to confirm that _____ is applying to be a Volunteer Driver with the Western NB Alternative Transportation Association, a non-profit organization that works to meet the transportation needs of seniors, people with disabilities and/or individuals in need. The Western NB Alternative Transportation Association requires an RCMP background check as part of our screening policy.

Volunteer Driver:

First Name: _____ Last Name: _____

Address: _____ Postal Code: _____

Telephone: _____ E-Mail: _____

Date: _____

WNBATA Operations Manager signature _____

Erin Cote



WESTERN NB ALTERNATIVE TRANSPORTATION ASSOCIATION

VOLUNTEER'S EMERGENCY CONTACT FORM

VOLUNTEER DRIVER'S NAME: _____

In case of an emergency, please notify:

Name: _____

Address: _____

Home Phone: _____ work/cell: _____

Alternate Contact

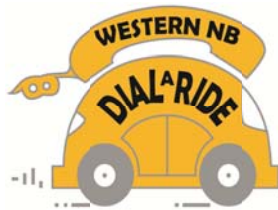
Name: _____

Address: _____

Home Phone: _____ work/cell: _____

Driver's Signature

Date



WESTERN NB ALTERNATIVE TRANSPORTATION ASSOCIATION
ACKNOWLEDGEMENT

I, _____ understand that I am a volunteer in Western NB Alternative Transportation Association, Inc (WNBATA) transportation program.

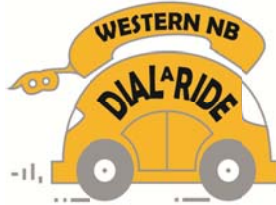
As a volunteer, I understand that I serve with the following conditions and responsibilities:

1. Mileage reimbursement is provided for the use of my vehicle and is not a wage.
2. WNBATA has the right to cease requesting my service at any time.

I certify that I have read and been given a copy of the Volunteer Driver Manual and understand the responsibilities that are required. I also understand that this agreement is based on voluntary participation and does not constitute an offer of employment or eligibility for employment benefits.

Volunteer Signature

Date



WESTERN NB ALTERNATIVE TRANSPORTATION ASSOCIATION

VOLUNTEER DRIVER SERVICE AGREEMENT

Function: WNBATA Volunteer Driver

**Supervisors: Operations Manager
Office Dispatcher**

Summary of Agreement:

The person in this capacity is responsible for using their personal vehicle to drive WNBATA members to and from appointments as assigned by the office dispatcher. Volunteer drivers receive a mileage reimbursement of 40 cents per km. For those drivers that choose to do long distance medical drives, there is a mileage cap off that applies. Payment will be made two weeks after the trip paperwork is turned into the office.

1. Maintain close contact with the Office Dispatcher for trip assignment
2. Use personal vehicle to pick up clients as instructed by the Office Dispatcher and drive them to appointments, assisting them in and out of the vehicle as necessary. Passengers include, among others, low income, elderly, and physically or mentally disabled clients as well as children* under protective custody of the Province of NB.
3. Maintain personal vehicle to NB safety inspection standards. Maintain cleanliness of personal vehicle, both inside and outside, on a daily basis, including washing the vehicle as needed.
4. Maintain confidentiality of all client information. Discussions concerning passengers shall be limited to information necessary to insure safe transportation of the passengers.
5. Exhibit a positive, professional attitude with office staff, clients and community. Have an ability to get along with all people and have a sincere desire to serve.

6. Maintain a safe driving record with the safety of the passengers in mind at all times, observing all speed limits and traffic safety laws. Report hazardous road conditions and adverse weather conditions that may affect the schedule or passenger safety to the office manager.
7. Attend training sessions, workshops and meetings as requested.
8. Comply with all NB safety belt and child safety seat laws.

VOLUNTEER DRIVER SERVICE AGREEMENT continued...

I certify that I have read the WNBATA Volunteer Service Agreement and the responsibilities that are required, and I have been given a copy. I also understand that this agreement is based on voluntary participation and does not constitute an offer of employment or eligibility for employee benefits.

Volunteer Driver Signature

Date

Operations Manager Signature

Date