Windsor Community Rides Program

Forms and Procedures

Town of Windsor
P.O. Box 179
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These documents are based in large part on materials developed by The University of Maine Center on Aging - Lifelong Maine and the Rural Community Action Ministry. We thank them for making their work available for our use.

Volunteer Driver Application

Name:

Address:

Email: Phone: Date of Birth:

Emergency Contact
Name: Relationship:

Emergency Contact Phone:

Driver License #: State: Expiration Date:

Have you been involved in a car accident in the last 5 years? ☐ Yes ☐ No

If yes, please explain:

Have you received a moving traffic violation in the last 5 years? ☐ Yes ☐ No

If yes, please explain:

Have you been convicted of a crime within the past 5 years other than a minor traffic violation? ☐ Yes ☐ No

If yes, please explain:

Do you have any health conditions that may affect your driving? ☐ Yes ☐ No

If yes, please explain:

Insurance Information
Insurance Company: Phone:
Please attach a copy of your insurance ID card to this form
(Note that the University of Maine Drive-ME program provides free excess liability insurance beyond your personal auto insurance in connection with your participation in the Windsor Community Rides Program.)

Your Availability
I can volunteer to drive: ☐ Once a week ☐ Several times a week. ☐ Twice a month ☐ Once a month

I can travel within Windsor and also to: ☐ Augusta ☐ China ☐Waterville ☐ Gardiner ☐ Other (please specify)

I am available…

Days Available (✔)	✔	Hours Available
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Other Information
Do you smoke or vape in your vehicle? ☐ Yes ☐ No

Do you have pets that ride in your vehicle? ☐ Yes ☐ No

Are you allergic to pets? ☐ Yes No ☐

Would you allow a service animal in your vehicle? ☐ Yes ☐ No

Please list any considerations in matching you with a rider, such as distance from home, preferred gender of rider, etc.

Please provide two references who have driven with you in the past three months:

1. Name Phone Relationship

2. Name Phone Relationship

Signature of Applicant _____ Date:

I hereby give the Windsor Community Rides Program permission to contact my references and insurance company, and to also conduct a background check. I understand that the background check may be conducted by TrueHire through the University of Maine Center on Aging - Lifelong Maine and that the background check may involve contacting the Maine State Police - State Bureau of Identification, and the Maine Bureau of Motor Vehicles.

I understand that all information supplied on this form, all information gathered as a result of reference checks and insurance verification, and all information returned from a background check may be considered by the Windsor Community Rides Program in acting upon this application.

Signature of Applicant _____ Date:

Volunteer Driver Procedures

1. The driver will not transport a rider prior to receiving clearance from the Ride Coordinator.

2. The driver will maintain passenger safety and will treat riders with courtesy and respect.

3. The driver will refrain from smoking or vaping while transporting a rider.

4. The driver will drive appropriately, observe all Maine laws and rules pertaining to operation of a motor vehicle, adhere to posted speed limits and traffic signs, and require the use of seat belts while the vehicle is in motion.

5. The driver will maintain a clear and comfortable area for passengers and will keep the vehicle inspection, registration, and insurance up to date.

6. The driver has been given a copy of the Windsor Community Rides Program ("WCRP") weapons policy and agrees to follow it.

7. The driver will not discriminate against a rider on the basis of race, color, sex, sexual orientation or gender identity, physical or mental disability, religion, age, ancestry, national origin or familial status.

8. The driver will have no physical contact with the rider other than as necessary to accommodate a rider's disability.

9. The driver understands that they are not employees of WCRP or the Town of Windsor and have no employee benefits.

10. The driver has the option to have the rider sit in either the front or back seat. Seating arrangements are to be determined by the driver in consultation with the rider.

11. The driver shall not drive if under the influence of alcohol or drugs.

12. The driver has the right to refuse to transport a rider if the driver feels unsafe.

13. The driver may cancel or abort a ride if road or weather conditions are deemed unsafe by the driver. The driver is responsible for calling the rider directly and contacting the Ride Coordinator as far in advance of cancellation as possible.

14. If a driver needs to cancel a ride for reasons other than those described in par. 13 the driver shall contact the Ride Coordinator as far in advance as possible so that the trip may be assigned to another driver.

15. The driver shall report all accidents to the Ride Coordinator immediately after calling 911 to request police or emergency services. A written incident report must be submitted within 24 hours of the accident.

I agree to follow these procedures.

Signature of Volunteer Driver_____ Date:

Printed Name_____

Incident Report Form

For riders, volunteer drivers, witnesses, and other program participants

Use this form to document an incident, injury, near miss, safety concern, or other issue connected to a Community Rides trip. **If anyone is in immediate danger or needs urgent medical attention, call 911 first.** Notify the community rides coordinator as soon as possible.

1 Reporter and trip information

Reporter name _____	**I am a: [ ] Rider [ ] Driver [ ] Witness [ ] Other**
Phone or email _____	**Preferred way or time to reach you** _____
Date and time of incident _____	**Date and time reported** _____
Trip origin and destination _____	**Driver and rider names, if known** _____

What kind of incident or concern?

[ ] Safety concern [ ] Injury or illness [ ] Vehicle issue [ ] Collision or near miss
[ ] Fall [ ] Property damage [ ] Scheduling or communication [ ] Other: _____

2 What happened

Describe what you saw or experienced, in the order it happened. Include only details needed to understand the incident.

Was anyone injured or in need of assistance? [ ] No [ ] Yes [ ] Unsure

If yes or unsure, describe the immediate concern and assistance provided. Do not include diagnoses or unrelated medical details.

Response and Follow Up

Complete what you know. The community rides coordinator will review the information and address the report.

3 Immediate response

Were emergency services contacted? [ ] No [ ] Yes [ ] Not applicable If yes, when? _____

Did the ride continue? [ ] Yes [ ] No [ ] Not applicable Was everyone able to reach a safe place? [ ] Yes [ ] No [ ] Unsure

Describe actions taken, assistance requested, or any change to the ride.

4 People involved and notifications (if applicable)

Name	Role	Contact, if appropriate

Was the community rides coordinator notified? [ ] No [ ] Yes [ ] Unsure

Name of person notified and date or time	Reported by
_____	_____

Other relevant notifications or follow-up requested

5 Reporter acknowledgment

I have described what I observed or experienced to the best of my knowledge.

Reporter signature	Date
_____	_____

Program use only (Community Rides Coordinator)

Received by and date or time	Referred to Town Manager? [ ] No [ ] Yes
_____	

Program notes/ Action Taken:

Rider Application for Services

Date of initial contact:

Name:

Physical Street Address: Town:

Mailing Address
if Different from Above:

Phone: Email: Date of Birth:

How do you currently get to appointments, shopping, etc:

Do you need assistance getting from the house to the car? ☐ Yes ☐ No

Please describe any medical conditions or disabilities we should be aware of.

Please describe any problems or limitations you experience with hearing or vision.

Do you use a… Walker? ☐ Yes ☐ No Wheelchair? ☐ Yes ☐ No Cane? ☐ Yes ☐ No
Oxygen? ☐ Yes ☐ No

Do you use any other adaptive or assistance device? ☐ Yes ☐ No. If "Yes," please describe.

How many times have you fallen in the last 12 months?

Will you have a cell phone with you? ☐ Yes ☐ No If "Yes," your number:

Do you live alone? ☐ Yes ☐ No. If "Yes", do you have a caretaker? ☐ Yes ☐ No

If "Yes", please provide the caretaker's name and phone number.

If you do not live alone, please provide the names and phone numbers of the other members of your household.

Who should we contact if an emergency occurs while we are driving you?

Name: Phone:

Address:

Relationship:

Who is your primary care provider?

Name: Phone:

Address:

Do you smoke or vape? ☐ Yes ☐ No

Are you able to ride in a vehicle owned by a person who smokes or vapes? *(Volunteer drivers are prohibited from smoking or vaping during rides.)* ☐ Yes ☐ No

Are you allergic to pet hair or fragrances? ☐ Yes ☐ No If "Yes", please describe.

How did you learn about our program?

Do you have a handicapped placard from the BMV? ☐ Yes ☐ No If not, and if you may be eligible to receive a placard, would you be willing to apply for one? ☐ Yes ☐ No

Do you have a current Maine medical marijuana card? ☐ Yes ☐ No

Please describe the exterior of your home. If your home is not visible from the road, please describe the driveway or means of access. (*In order to receive service, your driveway or private road must be safely accessible (e.g., plowed in winter, not muddy in spring) at all times.)*

Have you been convicted of a crime within the past 5 years other than a minor traffic violation? ☐ Yes ☐ No

If yes, please explain:

Signature of Applicant: _____ Date:

I hereby give the Windsor Community Rides Program ("WCRP") permission to conduct a background check. I understand that the background check may be conducted by TrueHire through the University of Maine Center on Aging - Lifelong Maine and that the background check may involve contacting the Maine State Police - State Bureau of Identification and the Maine Bureau of Motor Vehicles. I understand that the ability of a volunteer driver to safely access my home and all information returned from a background check may be considered in determining my eligibility for participation in WCRP.

Signature of Applicant _____ Date:

Interviewer Notes

Interviewer _____ Date:

Rider Agreement

I agree to follow the following guidelines and procedures of the Windsor Community Rides Program ("WCRP"):

1. I understand that WCRP is a volunteer program. While all reasonable efforts will be made to meet my requests, services are not guaranteed.

2. I agree to communicate all my ride requests to the ride coordinator a minimum of three (3) business days in advance of the ride.

3. I agree to provide the Ride Coordinator and, if necessary, the volunteer driver, detailed directions to my home and to any destination to which I may need to be taken.

4. I understand that WCRP and all persons acting on its behalf are not employed by me or hired in any other capacity. I understand and agree that WCRP and all persons acting on its behalf cannot sign or witness official or legal documents or take medication or care orders from my physician or other medical personnel.

5. I agree to keep to the times and services requested. I will not request additional services from the volunteer driver or request the volunteer driver's phone number.

6. I understand and agree that all services provided by WCRP are complimentary and free of charge. There will be no payment requested or expected for any services provided.

7. I agree that WCRP and all persons acting on its behalf are not responsible for any losses or damages incurred by me unless such losses or damages were the result of intentional or willful misconduct.

8. I understand that services may be refused in the discretion of the driver if it appears to the driver that I may be under the influence of alcohol or drugs.

9. I have been given a copy of the WCRP weapons policy and agree to follow it.

Signature of Rider _____ Date:

Printed Name_____

Confidentiality Agreement

We believe that privacy and confidentiality are the rights of all individuals. All steering committee members, program coordinators, and volunteer drivers are obligated to respect and protect the privacy and personal information entrusted to them regarding service recipients of the program, i.e., riders. All steering committee members, program coordinators, and volunteer drivers are expected to support the right of service recipients to open yet confidential communication. We believe that the assurance of confidentiality provides the foundation for open communication and trusting relationships.

All information about riders, such as services provided, residence, conversations, behavior exhibited, and age, is deemed confidential. Except as set forth below, steering committee members, program coordinators, and volunteer drivers shall not share such information with anyone not involved in scheduling rides, including family, friends, other riders, or other volunteer drivers.

Steering committee members, program coordinators, and volunteer drivers may disclose confidential information to a rider's designated caregiver, household members, emergency contact, or primary care provider. Disclosure may also be made to others in case of emergency or to ensure the safety of the rider.

Steering committee members and program coordinators may share confidential information with each other as necessary for the operation of the program.

Signature of Volunteer Driver_____ Date:

Printed Name_____

Signature of Program Coordinator _____ Date:

Printed Name_____

Signature of Steering Comm Member _____ Date

Printed Name_____

Weapons Policy

Volunteer drivers and riders are prohibited from carrying a handgun, other firearm, or dangerous weapon of any kind on their person or in the vehicle while driving for or riding with the Windsor Community Rides Program ("WCRP"). This prohibition applies even if the volunteer driver or rider possesses a concealed carry permit.

Volunteer drivers who violate this policy will be dropped from WCRP. Riders who violate this policy will no longer be given rides by WCRP.