



## Volunteer Application

Thank you for your interest in becoming a HealthTran Volunteer Driver! Please fill out the information below, and we will be in touch.

Full Name:	<small>First</small>	<small>Middle Initial</small>	<small>Last</small>
Cell Number:	Alt Phone:		
Email:			
Address:	Apt #:		
City:	Zip:	County:	
If less than 3 years at this address, previous address:			
Age:	<input type="checkbox"/> 21-40	<input type="checkbox"/> 41-54	<input type="checkbox"/> 55+
Are you retired?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer: <small>(Most recent if retired)</small>	Job Title:		
Special Training, hobbies, skills:			
Why do you want to Volunteer?			
<input type="checkbox"/> Contact me – I want to learn more		<input type="checkbox"/> Continue to application - I am ready to volunteer	



## Volunteer Application

DOB:		Veteran:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled:	<input type="checkbox"/> Yes <input type="checkbox"/> No
------	--	----------	--	-----------	--

Vehicle Information					
Make:		Model:		Year*:	
Color:		License Plate #:		Handicap Accessible?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please email a <b>copy of Vehicle Inspection</b> to <a href="mailto:allison@morha.org">allison@morha.org</a> *If car is 5 years old or less – vehicle inspection is not required					
Please email a <b>copy of the vehicle registration</b> to <a href="mailto:allison@morha.org">allison@morha.org</a>					
Do you have a current and valid (Missouri) State Driver's License?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain: <input style="width: 90%;" type="text"/>					
I have been a registered driver for more than 3 years:					<input type="checkbox"/> Yes <input type="checkbox"/> No
Driver's License #:		DL Expiration Date:			
Please email a <b>copy of Driver's License</b> to <a href="mailto:allison@morha.org">allison@morha.org</a>					
Name of Automobile Insurance Provider:					
Insurance expiration date:					
Please email a <b>copy of Proof of Insurance</b> to <a href="mailto:allison@morha.org">allison@morha.org</a>					

<input type="checkbox"/>	<p>By checking this box, I certify that I have read and agree to the following statement. This application warrants a criminal history background check, and/or verification of my motor vehicle record. By checking this box, I authorize MRHA HealthTran, or its agent, to obtain, at its sole discretion, my employment and non-employment 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 MRHA HealthTran, or its agent, 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 MRHA HealthTran volunteer driver.</p>
--------------------------	---

## Driver Availability

One of the many perks of being a HealthTran Volunteer Driver is the flexible schedule. You make your schedule and work when you want to. Help us understand when you will be available to drive by answering the following questions.

Minimum hours per week I am available to drive:  5  10  15  20

Comments:

Day of the Week	Available Times		
Sunday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Monday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Tuesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Wednesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Thursday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Friday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Saturday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening

Comments:

I am willing and able to transport the following types of rides: (check all that apply)

\*your answers help us make quality matches between drivers and riders and have no barring on your ability to become a volunteer driver

<input type="checkbox"/> Rider needs door to door assistance <small>*volunteers will never be expected to enter a home or business</small>	<input type="checkbox"/> Long distance
<input type="checkbox"/> Rider has foldable walker/wheelchair	<input type="checkbox"/> Short Notice

Comments:

### Additional Volunteer Opportunities

Missouri Rural Health Association looks for special volunteers who can be our “face” to drivers and the community. Below are descriptions of additional volunteer opportunities with MRHA and HealthTran. Check the box of any role that you may be interested in and Allison, HealthTran Volunteer Manager, will give you a call to discuss the positions further.

I am interested in learning more about being the “Lead Volunteer.” In this role you would assist with recruiting, onboarding, and training new volunteers. This may include, but is not limited to meeting with prospective volunteers, assisting with application and paperwork completion, training volunteers, completing saliva drug tests, assisting with technology set up, introducing to relevant contacts in the area via email or in person, and assisting the new volunteer through their first ride.

I am interested in learning more about being the “Community Outreach Volunteer”. In this role I would assist in promoting and recruiting for the program. This may include, but is not limited to representing HealthTran at fairs and booths, attending local meetings as a representative of HealthTran, delivering and hanging fliers, and assisting in finding and creating recruitment opportunities.

By checking this box I hereby certify that I have read and agree to the Medical and Physical Capacity Statement



## Medical/Physical/Mental Capacity Statement

Missouri Rural Health Association, HealthTran  
2412 Hyde Park Road, Jefferson City, MO 65109  
Phone: 573-632-2700 Fax: 573-632-6678

I am physically and mentally capable of operating a personal automobile for the purpose of providing volunteer transportation.

I am not currently taking any prescription and/or "over the counter" medications which could impede my ability to safely operate a personal automobile.

Should my doctor prescribe and/or should I begin to take new "over the counter" medications in the future I will ensure that these new medications do not impede my ability to safely operate a personal automobile.

Should any type of new medication which does impede my abilities become necessary I will immediately notify the Area Manager and cease any and all volunteer activities requiring the operation of a motor vehicle, including but not limited to providing transportation for individuals eligible for this service, running errands, even driving myself to meet with individuals eligible for this service.

By Checking this box I hereby certify that I have read and agree to the Volunteer Driver Code of Conduct



## Driver Code of Conduct

Missouri Rural Health Association, HealthTran  
2412 Hyde Park Road, Jefferson City, MO 65109  
Phone: 573-632-2700 Fax: 573-632-6678

1. All volunteer drivers will act in a professional manner at all times.
2. Reports of volunteer driver misconduct will be cause for immediate suspension from service. Confirmation of misconduct shall be cause for removal of the volunteer driver involved from serving riders.
3. Volunteers shall perform the following minimum levels of service:
  - A volunteer driver **shall not**:
    - a. Solicit or accept controlled substances, alcohol, or medications from riders.
    - b. Make sexually explicit comments, or solicit sexual favors, or engage in sexual activity with a rider.
    - c. Use alcohol, narcotics or controlled substances, or be under the influence while on duty. Prescribed medication can be used by a driver as long as his/her duties can still be performed in a safe manner.
    - d. Smoke in the vehicle when riders are present. This rule also applies to the riders.
    - e. Wear any type of headphones or talk on cell-phones while driving.
    - f. Be responsible for passenger's personal items.
  - A volunteer driver **shall**:
    - a. As appropriate to the needs of the rider, exit the vehicle to open and close vehicle doors when passengers enter or exit the vehicle and provide assistance as necessary to or from the main door of the place of destination.
    - b. Confirm, prior to allowing any vehicle to proceed, that all passengers are properly secured in their seat belts.
    - c. Be polite and courteous to riders.
    - d. Respect passengers' rights to confidentiality.

I agree to follow the Driver Code of Conduct while acting as a MRHA volunteer driver.

By checking this box I hereby certify that I have read and agree to the Media and Photo Release



## Media and Photo Release

Missouri Rural Health Association, HealthTran  
2412 Hyde Park Road, Jefferson City, MO 65109  
Phone: 573-632-2700 Fax: 573-632-6678

Without expectation of compensation or other remuneration, now or in the future, I hereby give my consent to the Missouri Rural Health Association, HealthTran and MRHA members and supporting agencies, to use the following on its website, social media accounts, promotional items, or publications in relation to HealthTran activities or advocacy efforts by MRHA to improve the health outcomes of rural Missourians.

- My image, likeness, voice, name and interview statements via photo graphs, video, text, or audio clips.
- A photograph, graphic, video, or audio clip that I have supplied to MRHA/HT. I certify that proper consent was given by anyone appearing in the video and that id does not infringe upon the copyrights, trademarks, rights of privacy, publicity, or the intellectual property rights of any person or entity.

This consent is given in perpetuity unless revoked in writing.

By checking this box I hereby certify that I have read and agree to the Volunteer Driver Statement of Understanding



## Volunteer Driver Statement of Understanding

Missouri Rural Health Association, HealthTran  
2412 Hyde Park Road, Jefferson City, MO 65109  
Phone: 573-632-2700 Fax: 573-632-6678

The purpose of the MRHA volunteer driver is to provide safe and reliable transportation to those with health and wellness related needs, non-driving, older adults and adults with disabilities in rural Missouri to remain healthy and independent.

Volunteer drivers of MRHA drive their own cars and will be reimbursed for mileage expenses. MRHA provides excess liability insurance for volunteer drivers. The following minimum insurance coverage is required by the State of Missouri: \$25,000 bodily injury, each person; \$50,000 bodily injury, each accident; \$10,000 property damage. Understand that you must meet these standards for motor vehicle insurance, policy or bond. Your personal insurance is the primary liability protection and must be issued by a company authorized to do business in your state of residence. For your protection we recommend \$10,000 medical coverage for passengers (which is common for fully covered cars).

I will provide proof of coverage of my vehicle insurance. In the event that my coverage changes or is canceled, I will immediately notify MRHA of such changes or cancellations.

I have had a valid driver's license for the past three (3) years. I will provide a copy of my valid driver's license. I will notify immediately and provide MRHA with a copy of:

1. A report in the event that I am involved in a vehicle accident.
2. Any traffic citation that I may receive while this agreement is valid.

I am physically and mentally capable of operating a personal vehicle for the purpose of providing transportation. I will not drive while using any drug that may affect my driving ability, either prescription or "over the counter." I am not currently taking any prescription and/or "over the counter" medications which could impede my ability to safely operate a personal automobile. Should my doctor prescribe, and/or should I begin to take new "over the counter" medications in the future I will ensure that these new medications do not impede my ability to safely operate a personal automobile. Should any type of new medication which does impede my abilities become necessary I will immediately notify the Area Manager and cease any and all volunteer activities requiring the operation of a motor vehicle, including but not limited to providing transportation for individuals eligible for this service, running errands, even driving myself to meet with individuals eligible for this service.

My vehicle is mechanically sound and is equipped with seat belts that both my passengers and I will use. I will maintain all records required by MRHA. I will **not** accept **personal donations** from riders but may remind riders that they are able to make donations to MRHA if they wish.

I have been provided with information about MRHA, the purpose of the programs, and my role and responsibilities as a volunteer.

I will notify MRHA at the time I no longer wish to be involved in this program. Either MRHA, or I, may terminate this agreement at any time.

By checking this box I hereby certify that I have read and understand the Volunteer Driver Handbook