



Volunteer Driver Application

This application will be used to establish your eligibility as a volunteer driver for the RYDE Senior Transportation Pilot Program. The information you provide helps RYDE maintain the highest standards of safety and accountability.

Driver Eligibility

In order to participate as a RYDE driver, you must have the following:

- A car
- A smartphone with a navigation application installed
- Auto insurance with coverage
- 18 years or older

To apply, please submit the following items:

- This completed and signed application and agreement
- Copy of your California Driver's License
- Copy of the cover sheet of your auto insurance policy showing the amount of coverage
- Copy of DMV driving record - can be obtained online at <https://www.dmv.ca.gov/portal/dmv/detail/online/dr>
- Background Check Permission Form and Live Scan

Please return the application packet to:

RYDE Program Coordinator c/o

**Saratoga Area Senior Coordinating
Council
PO Box 3033
Saratoga, CA 95070
408-892-9739**

**West Valley Community Services
10104 Vista Drive
Cupertino, CA 95014
669-220-0831**



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The RYDE Senior Transportation Program is a partnership between the County of Santa Clara, VTA, and the cities of Campbell, Cupertino, Monte Sereno, Los Gatos, and Saratoga. SASCC and WVCS as the operators are California non-profit 501(c)(3) organizations.

PERSONAL INFORMATION

First Name _____ Last Name _____

Preferred Nickname _____

Address _____

City _____ State _____ Zip _____

Cell Phone Number (cell phone required) _____

Email Address _____

Emergency Contact Name _____ phone _____

Relationship _____

PULL PROGRAM Enrollment

You are required to allow SASCC or WVCS to enroll you in the DMV Pull Notice Program. The Pull Notice Program (EPN) provides employers and agencies with a means of promoting driver safety through ongoing review of driver records. When a volunteer's driver's license is updated to record an action/activity, it is electronically checked to determine if a pull notice is on file. If the action/activity is one that is specified to be reported under the EPN program, a driver record is created and mailed to the agency.

_____ (initial here for Acceptance)



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DRIVER AUTOMOBILE INFORMATION

Name	
Date of birth	
Driver's License #	
Expiration Date	
Insurance Company	
Policy Number	
Effective Date	
Limits of Coverage	
Auto Year	
Make/Model	
Color	
License Plate #	
Vehicle ID #	
Have you ever been convicted of a crime? <i>(please circle)</i>	Yes No
If yes, please indicate whether a misdemeanor (other than traffic violation) or felony	
Please explain, give date, place of conviction and explain circumstances	

All driver application information is kept on file for the duration of the RYDE Senior



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Transportation Pilot Program.

Volunteer & Confidentiality Agreement / Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. As a RYDE volunteer, I will agree to the following: 1) I will offer my time without monetary compensation for **at least 4 months** 2) I agree to conform to all of WVCS/ SASCC procedures and regulations 3) I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal, and 4) I authorize WVCS/SASCC to contact my references. Finally, as a WVCS/SASCC volunteer I understand it is imperative to protect the confidentiality of all information pertaining to any WVCS/SASCC member, non-member or other volunteer or client associated with WVCS/SASCC, including any unauthorized possession, use, copying, reading or disclosure of applicable records, ledgers or files.

Signature

Date

Code of Conduct:

- Drivers must not have any weapons in their possession or their vehicles
- Smoking is prohibited
- Drivers must conduct themselves in a professional, courteous manner toward passengers
- Inappropriate behaviour between passengers or between passenger and driver is prohibited. Allegations of sexual misconduct, lewd behaviour, or sexual harassment made by any client must be reported to County staff immediately. Should the WVCS or SASCC receive notification from other that County that a driver or an employee of WVCS or SASCC is allegedly involved in a criminal activity including, but not limited to , sexual misconduct, lewd behaviour, or sexual harassment, the WVCS or SASCC shall notify County immediately as well as local police.

Signature: _____

Date: _____



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SCHEDULE AVAILABILITY

RYDE Senior Transportation will offer rides between 8am-5pm Monday through Friday.

Please indicate your current availability as a volunteer driver.

Day	8am-12pm	1pm-5pm	10am-2pm	8am-10am	10am-12pm	12pm-2pm	2pm-4pm	3pm-5pm
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								

How often would you like to drive:

- once per week
- several times per week (how many _____)
- every other week
- once per month
- other _____



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WAIVER OF LIABILITY & EXPRESS ASSUMPTION OF RISK

(PLEASE READ CAREFULLY)

I agree as follows:^{SEP}

1. I am volunteering my services to work as a driver for the RYDE Senior Transportation Pilot program.
2. I will perform assigned tasks that are within my physical capability, and I will not undertake tasks that are beyond my ability.
3. I will not participate if under the influence of alcohol or any drug that could impair my physical or mental abilities.
4. I am familiar with the safe operation and use of motor vehicles, and I will not undertake to use any motor vehicles with which I am unfamiliar or which I do not know how to operate safely;
5. I have received instruction regarding appropriate safety and emergency procedures, and I fully understand those instructions.
6. I will perform only those tasks assigned, observe all safety rules, and use care in the performance of my assignments.
7. I hereby acknowledge that the Senior Transportation Pilot Program is a service provided by West Valley Community Services and Saratoga Area Senior Coordinating Council, and funded by Santa Clara County. I hereby waive the right to make any claims against Santa Clara County, West Valley Community Services, Saratoga Area Senior Coordinating Council, or their officials, employees, and volunteers for any injuries, damages, charges or expenses, including attorney's fees which might be sustained as a result of my participation in this program.
8. I understand that driving involves certain inherent risks, including but not limited to, the risks of possible injury, or loss of life as a result of over-exertion or environmental conditions, including but not limited to, adverse weather, or dangerous terrain. Despite the risks, I still choose to participate in such activity.
9. I have no known physical or health limitation that prevents me from safely participating in these volunteer activities. In consideration for being allowed to participate, I personally assume all risks, whether foreseen or unforeseen, of any harm, injury or damage that may befall me as a participant.



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10. If I am injured in the performance of the volunteer activities, I authorize any physician licensed in California to perform such emergency treatment as he or she believes, in his or her sole judgment, may be necessary. I am over the age of eighteen and legally competent to sign this liability release. I understand that the terms herein are contractual and not a mere recital, this instrument is legally binding, and I have signed this document of my own free act.

11. I acknowledge that I have received a copy of the West Valley Community Services Volunteer Handbook. I understand that I am responsible for knowing and complying with the policies set forth in the Volunteer Handbook during my association with West Valley Community Services. (If volunteering for West Valley Community Services)

12. I understand that during my participation as a volunteer for West Valley Community Services (WVCS) or Saratoga Area Senior Coordinating Council (SASCC), I may have access to sensitive or confidential information. This confidential information may include, but is not limited to: identity, address, contact information, race, disability status, and income information relating to recipients of WVCS or SASCC. I understand that taking notes, copying records, or removing records is specifically prohibited. At all times during and after my participation, I will hold in confidence and will not disclose or use any such confidential information regarding other volunteers, donors, and those whom we serve, except as may be required by my duties as a volunteer for WVCS or SASCC.

13. I hereby grant the West Valley Community Services (WVCS) and Saratoga Area Senior Coordinating Council (SASCC) permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration. I understand and agree that all photos will become the property of WVCS and SASCC and will not be returned. I hereby irrevocably authorize WVCS and SASCC to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I HEREBY RELEASE AND HOLD HARMLESS THE RELEASED PARTIES FROM ANY CLAIM OR LAWSUIT FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH, BY ME, MY FAMILY, ESTATE, HEIRS, OR ASSIGNS, ARISING OUT OF PARTICIPATION IN VOLUNTEER WORK ACTIVITIES, INCLUDING BOTH CLAIMS ARISING DURING THE ACTIVITY AND AFTER I COMPLETE THE ACTIVITY, AND INCLUDING CLAIMS BASED ON NEGLIGENCE OF OTHER PARTICIPANTS OR THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.



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I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK AND I ALLOW SASCC/WVCS TO ENROLL ME IN THE DMV PULL PROGRAM

Printed Name of Participant _____

Street Address _____

City _____ Zip code _____

Signature of Participant _____

Email _____

Date _____

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Agency Driver/Volunteer Background Check Permission Form

I, _____ hereby authorize _____ to obtain information pertaining to any charges and/or convictions I may have had for violation of municipal, county, state or federal laws.

This information will include, but not be limited to, allegations regarding, and convictions for, crimes committed upon minors. I understand that this information will be gathered from any law enforcement agency of this state or any state or federal government, or from third-party providers of information originally obtained from law enforcement or court records.

I understand that I will be given an opportunity to challenge the accuracy of any information received that appears to implicate me in criminal activities. To facilitate this challenge, I will be told the nature of the information and the agency from which it was obtained. It will be my responsibility to contact that agency to correct any inaccuracies.

As an agency driver/volunteer for _____, I hereby attest to the truthfulness of the representations I have made. Except as I have disclosed, I have not been found guilty of, or entered a plea of no contest or guilty to any offense. Further, other than for the offenses I have disclosed, I have not had a finding of delinquency or entered a plea of no contest or guilty to a petition of delinquency under the juvenile laws of this state or any other state.

SIGNATURE OF APPLICANT

DATE

FULL NAME OF APPLICANT

BACKGROUND CHECK LIVE-SCAN

All drivers in the RYDE Program are required to undergo a background check. Please follow the instructions below for your background check.

1. Go to – <https://www.sccgov.org/sites/sheriff/pages/livescan.aspx> and follow the link to make an appointment at the bottom of the page. You will find the specific directions and requirements for your appointment online.
2. When filling out the online appointment application, and be sure to include our ORI # CCLD A0448 and mark Yes to both DOJ and FBI check located at the bottom of the appointment application.