



Lead With Experience  
Get Involved!

**Coulee Region Retired & Senior  
Volunteer Program  
Volunteer Driver Program**

2920 East Ave South, Suite 104  
La Crosse, WI 54602  
www.rsvplax.org  
608.785.0500



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**VOLUNTEER DRIVER ENROLLMENT FORM**

NAME \_\_\_\_\_ COUNTY \_\_\_\_\_ MALE \_\_\_ FEMALE \_\_\_

ADDRESS \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

HANDICAP: \_\_\_Yes \_\_\_No (Having a physical or mental impairment limiting activities)

Describe: \_\_\_\_\_

EMPLOYMENT EXPERIENCE \_\_\_\_\_

PAST/PRESENT VOLUNTEER WORK \_\_\_\_\_

NAME OF BENEFICIARY FOR RSVP ACCIDENT INSURANCE \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

EMERGENCY CONTACT PERSON (please list someone with a different phone number from the one listed above)

\_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

WHAT DAYS WILL YOU BE AVAILABLE TO DRIVE? \_\_\_\_\_

WHAT TIMES WILL YOU BE AVAILABLE TO DRIVE? \_\_\_\_\_

DRIVERS LICENSE NUMBER \_\_\_\_\_

I, \_\_\_\_\_, volunteer my service through the RSVP Volunteer Driver Program and understand that I am not an employee of RSVP. YES \_\_\_\_\_ NO \_\_\_\_\_

I give my permission to use my name and/or picture in news stories, newsletters, news releases, etc. to help in promoting the RSVP Volunteer Driver Program. YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
VOLUNTEER SIGNATURE DATE

\_\_\_\_\_  
RSVP VOLUNTEER DRIVER COORDINATOR SIGNATURE DATE

\_\_\_\_\_  
RSVP EXECUTIVE DIRECTOR SIGNATURE DATE

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**RSVP OFFICE USE ONLY**

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**VOLUNTEER ID #** \_\_\_\_\_

VOLUNTEER STATE \_\_\_\_\_

STATION CODE \_\_\_\_\_ BHN CODE \_\_\_\_\_ SKILL CODE \_\_\_\_\_

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VOLUNTEER STATE \_\_\_\_\_

STATION CODE \_\_\_\_\_ BHN CODE \_\_\_\_\_ SKILL CODE \_\_\_\_\_



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## **VOLUNTEER DRIVER JOB DESCRIPTION**

In accepting appointment as a Volunteer for RSVP, I agree to the best of my ability to:

1. Become thoroughly familiar with Volunteer Driver transportation policies and procedures, both written and verbal, set forth by RSVP for volunteers.
2. Exercise caution when acting on behalf of RSVP in any situation.
3. Protect the confidentiality of all information relating to the persons I transport.
4. Be prompt and reliable in reporting for scheduled rides.
5. Maintain accurate records and submit them to RSVP each week on Friday and at the end of the month. Failure to do so can result in a delay in receiving a mileage reimbursement check.
6. Notify the RSVP office if unable to drive as scheduled as early as possible to permit the reassignment of another volunteer.
7. Notify the RSVP office of any changes in residence, phone number, insurance, or health status.
8. Attend orientation and training sessions.
9. Volunteer may be dismissed for poor performance and/or negative attitude (including but not limited to poor attendance at meetings and training sessions).

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Volunteer Signature & Date

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RSVP Representative Signature, Title & Date

## HEALTH SCREENING

We received your application to become a volunteer for our Volunteer Driver Program. RSVP has a requirement that all drivers need to demonstrate good physical and mental health due to the nature of services we provide.

Please complete the following form and sign the authorization for release information?

Within the past year, have you experienced an episode of Altered Consciousness or Loss of Body Control caused by any of the following diseases, disorders, or conditions?  YES  NO

- |                                  |                                    |
|----------------------------------|------------------------------------|
| a. Diabetes mellitus (Metabolic) | d. Nervous system (Neurological)   |
| b. Heart (Cardiovascular)        | e. Seizure disorder (Neurological) |
| c. Lungs/respiratory (pulmonary) | f. Stroke (Cerebrovascular)        |

If yes, please explain: \_\_\_\_\_

When was your last physical exam? \_\_\_\_\_

Within the past 5 years have you ever been treated for alcohol or drug abuse or mental illness?  YES  NO

If yes, would you please give the names of doctors, treatment centers, hospitals and social workers.

NAME	ADDRESS	PHONE NO.
_____	_____	_____
_____	_____	_____

Have you been or are you currently under Human Services or Mental Health Services:  YES  NO.

If yes, would you please give the names of doctors, treatment centers, hospitals and social workers.

NAME	ADDRESS	PHONE NO.
_____	_____	_____
_____	_____	_____

Are you currently taking any medications that would affect your driving ability?  YES  NO

Please list any medications you may be taking at this time and the name of the doctor who prescribed them.

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been tested for Tuberculosis?  YES  NO If yes, when were you last tested? \_\_\_\_\_

I, \_\_\_\_\_, hereby consent to the release of information from doctors, social workers, treatment centers, hospitals including any alcohol and/or mental health records obtained in the course of my diagnosis and treatment. I hereby release all providers from all legal responsibility or liability that may arise.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

All information will be held confidential and will only be used to evaluate your ability as a volunteer driver. Use the back side for additional names or comments.

## INTERVIEW QUESTIONNAIRE

1. From whom did you hear about the Volunteer Driver Program? \_\_\_\_\_  
\_\_\_\_\_
2. Why do you feel you would like to become a Volunteer Driver? \_\_\_\_\_  
\_\_\_\_\_
3. How familiar are you with LaCrosse County both city and rural areas? \_\_\_\_\_  
\_\_\_\_\_
4. Would you feel comfortable driving clients to facilities outside LaCrosse County - such as, Eau Claire, Madison, St. Paul/Minneapolis, Rochester, or Tomah? \_\_\_\_\_  
\_\_\_\_\_
5. Would you be interested in an occasional weekend or evening ride? \_\_\_\_\_  
\_\_\_\_\_
6. How do you feel about transporting and assisting elderly clients? \_\_\_\_\_  
\_\_\_\_\_
7. How do you feel about transporting young children with parents in the car or without parents to supervise? \_\_\_\_\_  
\_\_\_\_\_
8. How would you feel about transporting clients who do not speak English or whom you are unable to communicate with at all? \_\_\_\_\_  
\_\_\_\_\_
9. How do you feel about having to help people who are less ambulatory (need help in or out of the car)? \_\_\_\_\_  
\_\_\_\_\_
10. How would you handle the following situations?
  - a. You have been assigned to take a client to a specific medical facility and the client wants to make other stops before returning home? \_\_\_\_\_  
\_\_\_\_\_
  - b. Since the volunteer drivers are not allowed to accept money or gifts, what do you say to a client who insists? \_\_\_\_\_  
\_\_\_\_\_
  - c. The client tells you about personal problems and asks your advice? \_\_\_\_\_  
\_\_\_\_\_
  - d. A client has another appointment scheduled and asks you to take her/him to that appointment? \_\_\_\_\_  
\_\_\_\_\_
  - e. A client becomes ill during the transport? \_\_\_\_\_  
\_\_\_\_\_

## QUALIFICATIONS AND BACKGROUND CHECK INFORMATION

1. Safe driving records (please list all that apply)

a. Number of violations and point loss: \_\_\_\_\_

b. Accidents and accidents with personal injury: \_\_\_\_\_

c. License revocation and the reason for revocation: \_\_\_\_\_

d. DUI (driving under the influence): \_\_\_\_\_

e. Have you been involved in a car accident within the last 5 years?     YES     NO

    1. If yes, did you receive a citation for this accident?     YES     NO

        If yes, please explain \_\_\_\_\_

f. Have you received any traffic violations within the last five years?     YES     NO

    If yes, please explain \_\_\_\_\_

2. Auto Insurance

a. It is mandatory we have a copy of your current Auto Insurance on file in our office (Please send as soon as possible).

b. Current policy with at least the minimum liability limits of \$100,000/\$300,000

c. Name and address of agent and Insurance company for verification \_\_\_\_\_

\_\_\_\_\_

3. Copy of Drivers License and Certificate of Insurance.

**DUE TO THE HIGHLY SENSITIVE NATURE OF OUR TRANSPORTATION PROGRAM, RSVP  
MAKES THE FINAL DETERMINATION OF ELIGIBILITY OF VOLUNTEER DRIVERS.**

***\*NOTE: With this signature, I hereby authorize RSVP to do a background check on me.***

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

***PLEASE COMPLETE THIS SAFETY CHECK ON YOUR VEHICLE,  
DATE AND RETURN IT TO OUR OFFICE.***

**CHECK SHEET**

**SERVICE STANDARDS**

YES _____	NO _____	Functioning Headlights
YES _____	NO _____	Functioning Tail Lights
YES _____	NO _____	Functioning Turn Signals
YES _____	NO _____	Functioning Windshield Wipers
YES _____	NO _____	Functioning Brakes
YES _____	NO _____	Functioning Seat Belts
YES _____	NO _____	Functioning Heater
YES _____	NO _____	Tires Properly Inflated
YES _____	NO _____	Tires possess a minimum of one/ eight inch tread at greatest point of wear

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Signature

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Date