



VOLUNTEER DRIVERS NEEDED!!

The Encinitas Senior Center is seeking volunteer drivers to take senior citizen residents to places such as the pharmacy, senior center, doctor's office and grocery stores. You will be responsible for transporting senior citizens in your private vehicle and will be reimbursed the annual IRS rate per mile, up to 100 miles per month, per passenger. There is a lengthy waiting list of senior citizens in need of a volunteer driver, so we welcome and encourage anyone interested in "giving back" to the community to apply! The requirements for this program are a few hours of free time a week, a current driver's license, registration, insurance, and a DMV driving record check.

- Transport senior citizens in your private vehicle.
- Travel arrangements are made between client and driver, based upon driver availability.
- You receive the current annual IRS rate per mile, up to 100 miles per month per passenger
- Checks are issued to you by the end of each month.

Call Gail Dupler, Encinitas Senior Center, Out & About Transportation Coordinator at (760) 943-2256 to request an application.

Give the gift of time to a homebound senior...you'll be glad you did!

Encinitas Senior Center
1140 Oakcrest Park Drive
Encinitas, CA 92024
760-943-2250

DRIVER FORM
Out and About Encinitas
Volunteer Driver Application/Statement of Understanding

Name: _____ Email _____

Address: _____

City: _____ State _____ Zip Code _____

Phone: _____ Cell _____ Drivers License No. _____

Vehicle license plate # _____ Make: _____ Model: _____ Year: _____

Name of Auto Insurance Company _____

Auto Insurance Phone Number _____

1. Traffic violations in last 3 years? (circle one) YES ___ NO ___

If answered YES, please give brief explanation:

2. Traffic accidents in last 5 years? (circle one) YES ___ NO ___

If answered YES, please give brief explanation:

3. Medications or physical limitations that might affect driver? YES ___ NO ___

If you answered YES to question #3, please have your physician complete the following:

I hereby state that _____ is
mentally, physically, and otherwise capable of safely operating a private
automobile.

Physician's Signature: _____

Date: _____

DRIVER FORM
Out and About Encinitas
Mileage Reimbursement Program (MRP)
Volunteer Driver Application/Statement of Understanding

4. Days and times available (i.e., M/W/F, 9 a.m. – 1 p.m.). Please list:

5. Have you ever been charged or convicted of a felony? YES _____ NO _____

If "YES" please explain the offense(s): _____

6. Do you have any prior volunteer experience? YES _____ NO _____

Please list: _____

7. Please explain why you are interested in being a Volunteer Driver?

8. To qualify as a volunteer driver for the program you must be at least 21 years of age.

Please verify your date of birth. _____

9. Please list two references:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

10. A criminal record does not constitute an automatic bar to volunteering. Have you ever been convicted of a crime? Yes _____ No _____

(Please exclude misdemeanor convictions for marijuana-related offenses more than two years old; convictions that have been sealed, expunged, or legally eradicated; and misdemeanor convictions for which probation was successfully completed or otherwise discharged and the case judicially dismissed.)

Please attach a copy of your driver's license, auto insurance with liability limits, vehicle registration and a completed DMV DL/ID Form (attached).

Please Sign: _____ Date: _____

Approved: _____ Date: _____

Christie Goodsell, Senior Center Manager

DRIVER FORM
OUT AND ABOUT ENCINITAS
Mileage Reimbursement Program (MRP)
Volunteer Driver Program Information/Procedures

- You will transport eligible senior citizens in your private vehicle
- **Boundaries include all of Encinitas/Cardiff.** You may also travel to Carlsbad and Solana Beach to the following approved destinations: medical facilities and government agencies. You will also be permitted to travel to San Diego to an accredited medical facility.
- If you reside outside of Encinitas, the mileage reimbursement will begin when you reach the city limits of Encinitas. Once your passenger(s) is in your vehicle you will be permitted to travel and receive reimbursement for the above approved destinations.
- You will receive the current annual IRS rate.
- Not to exceed **100 miles per month per passenger.**
- You log the monthly mileage.
- Mail to our office by the fifth of every month for prior month's service.
- Checks are issued to you by the end of each month.

Travel arrangements are made between client and driver and all information about your passenger(s) is to be kept confidential.

I agree to transport seniors in a safe, efficient manner in my private vehicle.

Print Name: _____

Please Sign: _____ Date _____

Approved: _____ Date _____

Christie Goodsell, Senior Center Manager

DRIVER FORM Out and About Encinitas

Volunteer Driver Statement of Understanding

The purpose of a volunteer driver is to provide safe and reliable transportation WITHIN THE CITY OF ENCINITAS BOUNDARIES ONLY. (Some exceptions apply). You may travel to Carlsbad and Solana Beach to accredited medical facilities and government agencies. In addition, you may travel to accredited medical facilities within San Diego.

The State of California requires the following minimum insurance coverage:

\$15,000 bodily injury, each person
\$30,000 bodily injury, each accident
\$ 5,000 property damage

*****I
I understand that I must meet State of California standards for motor vehicle insurance. My personal insurance is the primary liability protection and must be issued by a company authorized to do business in this State. I will provide proof of coverage of my vehicle insurance. In the event that my coverage changes or is canceled, I will immediately notify the Senior Center Manager of such changes or cancellations. I have had a valid driver's license for the past five (5) years. I will provide a copy of my valid driver's license. I will maintain confidentiality about my passenger(s). I have had no at-fault vehicle accidents in the past three (3) years and agree to have the City of Encinitas verify my driving record. I will notify immediately and provide the Senior Center Manager with a copy of:

1. Any accident reports, 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 understand that I will apply for my drivers license record from the DMV and present a copy of it to the Encinitas Senior Center Out and About Program office as part of the initial application process and at least once every 12 months and when any action is taken against my driving privilege during my volunteer term. I am physically capable of driving my private vehicle for the Out and About Encinitas Mileage Reimbursement Program and will not drive while using any drug that may affect my driving ability, either prescription or "over the counter". Upon request, I will provide a statement from my physician stating that I am capable of participating in this program. I will use a seatbelt and enforce use by my passengers as well. Any traffic violations and citations will be my responsibility. I will maintain all records required by the City of Encinitas. I will not accept donations from riders. I will abide by the City of Encinitas policy on harassment. I understand my role as a volunteer driver and my responsibilities. I will notify the Senior Center Manager at the time that I no longer wish to be involved in this program. I the undersigned by participating in Out and About Encinitas understand that I do so at my own free will and assume all risks associated with participation. I myself, and anyone entitled to act on my behalf, agree to waive and release the City of Encinitas, its elected officials, officers, agents, employees, and volunteers from any and all claims of liabilities of any kind arising from my participation in the program. I have read and understand the above statements.

I have read and understand the above statements. The City of Encinitas or I may terminate this agreement at any time.

Print Name _____ Address _____ Phone _____

Signature _____ Date _____

Approved _____ Date _____
Christie Goodsell-Senior Center Manager

Denied _____ Date _____