

RURAL TRANSPORTATION COLLABORATIVE

R. T. C.

VOLUNTEER DRIVERS REGISTRATION PACKET



**1345 Fairfax Avenue
Crookston, MN 56716**

**218-281-9082
866-884-2695**



Tri-Valley
Opportunity Council, Inc.

Transportation Programs

Tri-Valley Opportunity Council, Inc.

R.T.C.

Rural Transportation Collaborative

RTC Volunteer Drivers,

According to IRS regulations and the Minnesota Department of Revenue, volunteer drivers are allowed up to \$0.14 per mile for their charitable activities. A volunteer that is paid more than \$0.14 per mile must be issued a 1099-MISC for the reimbursement above this rate and is taxable to the volunteer. With this new information, all volunteer drivers will have issued to them a 1099-MISC for reimbursements over the \$0.14 and over \$600 for the year.

The federal tax code determines when volunteer reimbursements are taxable, and sets the charitable mileage rate. Since 1998, the charitable rate has been \$0.14 per mile for tax deduction purposes. The law does not require organizations to reimburse volunteer drivers at this rate; they may reimburse at a lower or higher rate. However, volunteers may owe tax on reimbursements above \$0.14 per mile.

Minnesota taxable income starts with federal taxable income; amounts taxable federally are generally taxable to Minnesota. Minnesota law does not specifically cover volunteer mileage reimbursement; except to the extent it must be included in federal taxable income. Volunteer drivers may only exclude mileage reimbursement payments from taxable income to the extent they could deduct the expenses as a charitable contribution if they were not reimbursed.

What does that mean for you, an RTC Volunteer Driver? With RTC reimbursing at the IRS rate, example, you are being reimbursed at \$0.545 and the \$0.405 that you are being reimbursed over the allowable \$0.14, you will get a 1099-MISC for the difference on the mileage that you drive. Here is an example of how this will work.

Annual Miles Driven by RTC driver	8,350
Reimbursement (8,350 X 54.5 cents)	\$ 4,550.75
IRS Mileage Rate (8,350 X 14 cents)	\$ 1,169.00
Taxable driver reimbursement (8,350 X 40.5 cents)	\$ 3,381.75

Providing Safe, Friendly and Dependable Transportation to the Residents of The Area at a Reasonable Cost.

1345 Fairfax Avenue • Crookston, MN 56716 • 1-866-884-2695 • 281-9082



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Transportation Programs

RTC VOLUNTEER DRIVER REGISTRATION FORM

Name _____ Birthdate _____
Address _____ City _____ Zip _____
Phone No _____ Cell No _____ County _____

Check Driving Preferences: ___ with in 50 miles of your home town ___ with in 100 miles of your home town
_____ anywhere that a drive would take you

INSURANCE REGISTRATION INFORMATION

Drivers License Number _____
Any citations or accident? (yes/no) _____ When? _____

Vehicle(s) to be used:
Make _____ Model _____ Year _____ Color _____
Make _____ Model _____ Year _____ Color _____

Name of Auto Insurance Company _____
Name of Insurance Agent _____ Phone No. _____
Auto Insurance Policy No. _____

***** A copy of your Proof of Insurance Card and Drivers License is required when registering.*****

I hereby state that I am carrying and will continue to carry automobile liability insurance that meets or exceeds Minnesota minimum financial responsibility requirements. I give Tri Valley permission to confirm this is with my insurance agent as long as I am registered and serving as a volunteer driver.

IN CASE OF EMERGENCY NOTIFY _____
Phone No. _____ Address _____

ENROLLMENT AGREEMENT:

I, _____, volunteer my service through the Rural Transportation Program of Tri Valley Opportunity Council Inc. and understand that I am not an employee. I agree to provide or consent to the following: (1) A statement to be signed by a physician that no current medical conditions exist which interferes with my ability to safely drive and automobile. (this does not mean a physical exam is required.); (2) A signed release to verify my driving record, as well as a Criminal Background Check required by certain agencies; (3) I will comply with the Code of Conduct Rules.

I give permission to use my name and/ or picture in news stories, news releases, etc. to help promote the program.
_____ Yes _____ No

Volunteers Signature _____ Date _____

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INFORMED CONSENT FORM

Criminal Background and Driver License/Violation Check

Last First Middle (Maiden, Former, Alias)

Physical Address: _____
Street City State Zip

Mailing Address (if different) _____

Date of Birth: _____ Social Security No: _____
Month Day Year

Email address: _____

Driver's License Number: _____ Telephone Number: _____

It is the policy of Tri-Valley Opportunity Council that anyone will be prohibited from driving a vehicle for the RTC Program in the Public Transportation Department who are not proven clear of the following:

- Proven clear of a criminal history relative to a contact crime against another, including but not limited to assault, abuse, neglect or harm of another person, and robbery by MN Bureau of Criminal Apprehension and MN Statues § 221.178; 299C.67.
- Proven clear of a sex offender history from Dru Sjodin National Sexual Offender search and MN Statues § 221.178; 299C.67.
- Proven clear of any substantiated report(s) of abuse or neglect of a minor(s) MN Statute **609.378** or vulnerable adult(s) MN Statute **609.233**.
- Proven clear of convictions for operating or driving a motor vehicle without a valid current licenses U.S. following the Department of Transportation Part §391.15(b) for the past 3 years.
- Proven clear of a conviction of Driving Under the Influence (DUI) or Driving While Intoxicated (DWI) following Minnesota Statutes, section 169.121 with in the past 7 years.
- Proven clear of having a driver license canceled under Minnesota Statutes, section 171.14, revoked under Minnesota Statutes, sections 169.123 and 171.17, or suspended under Minnesota Statutes, section 171.18, clause (2), (3), (4), (5), (7), or (11); with in the past 7 years.

I authorize First Advantage Background Direct, Minnesota Bureau of Criminal Apprehension or any agency that Tri-Valley authorizes to disclose criminal history information to: Tri Valley Opportunity Council Inc. RTC staff for the purpose of volunteering within the public transportation department.

Signature of Driver Applicant: _____ Date: _____

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Tri-Valley
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Transportation Programs



CONFIDENTIALITY POLICY

Information known about employees of Tri-Valley Public Transportation and/or Tri-Valley Opportunity Council Inc., and/or clients, customers and volunteers is strictly confidential. Such information must never be discussed with anyone who does not have a legitimate need to know the confidential information to perform services of the Public Transit program. The responsibility is shared by every employee/volunteer in every capacity. To give out unauthorized information is not only unethical, but may involve you in legal proceedings. When in doubt as to whether certain information is confidential, prudence dictates that none be provided without first clearly establishing that disclosure has been authorized by appropriate authority. Federal and State laws are very strict on this matter: therefore, confidentiality is of great concern to the Public Transit program.

I have read and understand the above policy.

_____ Date: _____

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Tri-Valley

Opportunity Council, Inc.

Transportation Programs

Rural Transportation Collaborative

On behalf of Tri Valley Opportunity Council, we would like to welcome you to the Volunteer Rural Transportation Collaborative. With your assistance, we can provide a service that otherwise could not be provided. We thank you for dedicating your time, energy and resources. We believe that you are unique because you have developed the desire to give of yourself on behalf of others.

CODES OF CONDUCT FOR VOLUNTEER DRIVERS

I will conduct myself with dignity, courtesy, and consideration. I will be friendly, understanding and courteous when serving consumers/passengers.

I realize, since I am a volunteer, I do not receive payment for my services. Furthermore, I will not insinuate or accept tips or request that any part of my expenses be reimbursed by clients/passengers that I transport for the program.

As a Volunteer, I will not make derogatory or discriminatory remarks to or about passengers/clients because of race, color, creed, religion, natural origin, sex, disability, age, martial status, or status with regard to Public Assistance.

I will not impose my religious beliefs on or lecture to my consumers/passengers.

I realize that sexual harassment or sexual contact with passengers/consumers is inappropriate and not tolerated and grounds for immediate dismissal from the program.

I will not use alcoholic beverages or mood altering drugs while on duty and/or as regulated by State/Federal Driving Regulations. I will notify my supervisor of any prescribed medication that will affect my driving before transporting any consumers.

I will be punctual in the performance of my duties and responsibility to the program.

I understand I must respect the privacy rights of the passengers/consumers I serve. The Minnesota Government Data Privacy states that personal, medical, psychiatric and financial information is private non-public data. Information on these subjects may be shared with the staff person scheduling trips through Tri-Valleys' RTC program or other staff only if it is necessary in relation to the passenger's transportation needs.

I have read the above Codes of Ethics and agree to uphold them to the best of my ability.

Volunteer's Signature

Date

RETURN *this page* 



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Volunteer's Signature

Date

YOUR COPY TO KEEP





RTC VOLUNTEER DRIVER JOB DESCRIPTION

JOB TITLE: Volunteer Driver

RESPONSIBLE TO: Tri Valley Opportunity Council
(RTC Coordinator)

DAYS/HOURS PER WEEK: Determined by Volunteer Driver &
Scheduling Supervisor

GENERAL RESPONSIBILITIES

- *provide safe and reliable transportation to area residents/clients who lack safe and reliable transportation to and from approved destinations. All transports must be pre-authorized.
- *carry out program policies and procedures.
- *provide scheduled transportation in Volunteers personal vehicle and complete paperwork in a timely manner.

POSITION REQUIREMENTS:

1. Own safe and maintained vehicle
2. Valid Drivers License
3. Carry minimum liability insurance at all times.
4. Complete all registration forms and follow Codes of Conduct.
5. Complete orientation/ and training for the position.

REIMBURSEMENT:

1. Mileage at the current IRS rate.
2. Meals: Breakfast \$5.50—
Lunch \$6.50—Dinner \$8.00 (w/attached receipts)
3. Other approved expenses.
(lodging and parking fees w/ attached receipts)

I have read, understand and agree to the Volunteer Driver Job Description.

Name (please print)

Signature

Date

RETURN THIS PAGE





RTC VOLUNTEER DRIVER JOB DESCRIPTION

JOB TITLE: Volunteer Driver

RESPONSIBLE TO: Tri Valley Opportunity Council
(RTC Coordinator)

DAYS/HOURS PER WEEK: Determined by Volunteer Driver &
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I have read, understand and agree to the Volunteer Driver Job Description.

Name (please print)

Signature

Date

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20 TIPS FOR VOLUNTEER DRIVERS

Is being a volunteer good for the soul? Probably, but there is conclusive evidence that it is good for the body! Studies reveal that helping others actually results in physical changes very similar to those gained by exercise. Volunteering is an enriching experience in so many ways. Here are a few guidelines to help get the most out of the volunteer driver experience.

1. When you decide to volunteer, make a commitment of time each week that you can live with and stick to it.
2. Make sure that your activities as a volunteer are covered by an appropriate level of insurance.
3. If using your own vehicle, make sure that it is in proper operating condition and clean for your passenger.
4. Take the time to read the materials given to you by your volunteer program and ask if there are things that are unclear.
5. Always be prompt and on time when picking up riders.
6. Let your riders know, first thing, that you are glad to be their volunteer driver.
7. Think of riders as friends. Show genuine interest in their lives and families.
8. Be generous. Be concerned for their feelings and comfort.
9. Be conversational and fun to be around.
10. Do not expect too much from your riders. Consider their capabilities and limitations.
11. Stay positive and remember that riding with you may be the high point of their day!
12. Learn and use the language of love. Treat everyone as an individual, as an adult and, whatever their personal difficulties, emphasize their abilities.
13. That said, it may be necessary to gently assert your authority as the driver. You are the captain of the ship. Do not argue with your rider, but be firm in establishing appropriate travel protocols.
14. Do not lecture riders about life or your beliefs.
15. Be aware of your own condition and limits. Never drive if your reflexes or senses are impaired by medications, fatigue, or illness.
16. Of course, always follow traffic rules and regulations. Drive safely and do not speed.
17. Most accidents occur at intersections, so concentrate on being more alert as you approach, carefully watching cross traffic, signals, lane changes and pedestrians.
18. Always leave plenty of room between your vehicle and the one in front of you. If someone is tailgating, you pull over and let them go by as soon as it is safe.
19. Avoid doing anything to anger other drivers. Give angry drivers lots of room and don't make eye contact.
20. If your rider suffers a medical emergency, the first thing to do is call 9-1-1 and get professional assistance. If close to a hospital, get your rider to the Emergency Room immediately.

Rural Transportation Collaborative

RTC---VOLUNTEER TRAVEL VOUCHER



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TRI-VALLEY OPPORTUNITY COUNCIL, INC
1345 Fairfax Avenue
Crookston, MN 56716

1-218-281-9082 or 1-866-884-2695

VOLUNTEER				CLIENT			DATE OF RIDE:
NAME _____				Beginning Client Mileage	Ending Client Mileage	TOTAL CLIENT MILES	LOS
ADDRESS _____				Who → _____			Passenger Signature
CITY-ST-ZIP _____				From/To → _____			APPT DO
				Leg #1	Home Pick up time		APPT PU
				Leg #2	Home Drop ff time		
Driver info	BEGINNING MILEAGE READING	ENDING MILEAGE READING	TOTAL MILES DRIVEN	Who → _____			Passenger Signature
				From/To → _____			
	Ride #1	Ride #1		Leg #1	Home Pick up time		APPT DO
				Leg #2	Home Drop ff time		APPT PU
	Ride #2	Ride #2		Who → _____			Passenger Signature
				From/To → _____			
				Leg #1	Home Pick up time		APPT DO
				Leg #2	Home Drop ff time		APPT PU
Driver Start Time	Driver End Time	Total Miles Driven		Who → _____			Passenger Signature
				From/To → _____			
Ride #1	Ride #1			Leg #1	Home Pick up time		APPT DO
Ride #2	Ride #2			Leg #2	Home Drop ff time		APPT PU
		TOTAL HOURS		Who → _____			Passenger Signature
				From/To → _____			
				Leg #1	Home Pick up time		APPT DO
				Leg #2	Home Drop ff time		APPT PU

NO UNSCHEDULED STOPS UNLESS CALLED INTO THE OFFICE FOR APPROVAL!

COMMENTS: _____

** use back side of paper if need more room for comments.

TOTAL MILES _____ @ _____ PER MILE = _____
Allowable Reimbursable Expenses= _____
*receipt must be itemized
TOTAL AMOUNT CLAIMED = _____
***Receipts for allowable expenses must be attached to this voucher for reimbursement.

I certify that I have accurately reported in this trip log the miles, dates and time I actually drove the recipient. I understand that misreporting miles driven and hours worked is fraud for which I could face criminal prosecution or civil proceedings

Drivers Signature (Provider of Transportation Service)

RTC Volunteer Payment Coordinator