

## **Out & About Transportation Volunteer Driver Application Packet**

Thank you for considering *Encinitas Out and About Senior Transportation* for your volunteer services. Our volunteers offer their time by driving eligible seniors over the age of 50 to various appointments and errands, helping to keep them independent and in their homes longer. The program is a great way to give back to your community. Volunteers can donate as little as two hours per week or as many as forty.

### **The Program offers flexibility to accommodate your schedule**

As a small token of appreciation and to help offset the cost of gas, the City of Encinitas offers mileage reimbursement to our volunteers. For every mile you drive a registered Out & About passenger, you will be reimbursed at the annual IRS rate.

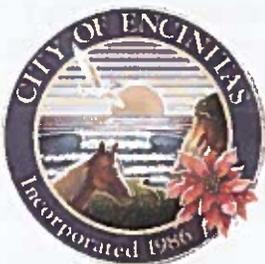
If this volunteer opportunity seems like a good fit for you, call today at (760) 943-2256. We will be glad to answer any questions you may have. Please fill out the attached application and include copies of the following documents:

- ✓ Automobile Insurance
- ✓ Automobile Registration
- ✓ Live Scan Request
- ✓ DMV Driving Record Request
- ✓ Driver's License

Thank you for your interest in our program and sharing your time and skills. Every ride that you provide makes a difference for a senior in our community.

Regards,

*Devon Seal*  
City of Encinitas/Senior Center  
Program Assistant  
(760) 943-2256



## Volunteer Driver Application

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Name of Auto Insurance Co.: \_\_\_\_\_ Policy No: \_\_\_\_\_

1. Do you have previous volunteer experience? Yes  No  If yes, please list where.

\_\_\_\_\_

2. Briefly explain why you are interested in volunteering as a driver for Out & About?

\_\_\_\_\_

3. How did you hear about our volunteer program?

\_\_\_\_\_

4. To qualify as a volunteer driver, you must be at least 21 years of age. Please verify your date of birth. \_\_\_\_\_

5. Have you had any traffic violations within the last 3 years? Yes  No  If yes, please give a brief description of the violation.

\_\_\_\_\_

6. Have you had a traffic accident within the last 5 years? Yes  No  If yes, please give a brief description of the violation.

\_\_\_\_\_

7. Have you ever been convicted of a felony? Yes  No  If yes, please give a brief description of the crime you were convicted for.

\_\_\_\_\_

8. Do you have any physical limitations or take any medications that may have an effect on your driving ability? Yes  No

If you answered YES to question #8, 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: \_\_\_\_\_

9. What days are you available to volunteer?

Mon  Tue  Wed  Thu  Fri  Sat  Sun

10. How many passengers are you willing to transport?

\_\_\_\_\_

Additional information on availability:

\_\_\_\_\_

### Personal References

**Please list 2 references that do not include family members.**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

## Statement of Understanding

1. My purpose as a volunteer driver is to provide safe, reliable and friendly transportation to and from essential services (e.g. medical facilities, social services, nutrition sites, etc.) for older adults living within the City of Encinitas, CA.
2. I understand that I am required to meet the following minimum 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 the state of CA. I understand that there will be a gap of coverage if my insurance does not reach the City's excess policy level.

The following minimum insurance coverage is required by the State of California:

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

3. I will provide proof of coverage of my vehicle insurance and in the event that my coverage changes or is canceled, I will immediately notify the Senior Center Out & About Coordinator of such changes or cancellations.
4. I will notify immediately and provide the Senior Center Out & About Coordinator with a copy of any accident reports, in the event that I am involved in a vehicle accident or any traffic citation that I may receive while this agreement is valid.
5. I am physically capable of driving my private vehicle for the Out & About Encinitas Program and will not drive while using any drug that may affect my driving ability, either prescription or "over the counter."
6. I agree to keep my vehicle mechanically sound and equipped with seat belts which I will use and enforce my passengers to use.
7. Any traffic violations and citations will be my responsibility.
8. I understand by participating in the Out & About Program 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 all claims of liabilities of any kind arising from my participation in the program.
9. I will maintain true and accurate records required by Out & About Encinitas.
10. I will notify the Out & About Encinitas Coordinator at the time I no longer wish to be involved in this program. Either the Out & About Encinitas Senior Staff, or I, may terminate this agreement at any time.

## Things to Know as a Volunteer Driver

- You will transport eligible senior citizens in your private vehicle.
- I agree to transport seniors in a safe, efficient manner in my private vehicle.
- All passengers must be registered and approved through the Out & About Transportation Program. To be eligible, passengers must be at least 50 years of age and live in the City of Encinitas with a zip code of 92024 or 92007.
- Transportation boundaries include all of Encinitas/Cardiff. You may also travel between Oceanside and San Diego to medical facilities and government agencies.
- Travel arrangements are made between passenger and driver and all information about your passenger(s) is to be kept confidential.
- If you reside outside of Encinitas, the mileage reimbursement will begin when you reach the city limits of Encinitas. For residents, your mileage begins when you leave your home. Once your passenger(s) is in your vehicle, you will be permitted to travel and receive reimbursement for the approved destinations.
- Volunteers may not accept monetary tips from passengers. Donations should be encouraged to go directly to the Out & About Program where the funds will be used for continuation of the program.
- You will receive the current annual IRS rate up to 100 miles per passenger, per month.
- Responsible for logging your monthly mileage on the provided form.
- Mail or drop off your mileage form by the 5<sup>th</sup> of the following month.
- Checks are issued to you monthly within 3 weeks of receiving your form.

**I have read, understand, and agree to all statements in the volunteer application packet.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Approved: _____ Denied: _____ Reason: _____
_____ Date _____
City Approval



**CITY OF ENCINITAS**  
**MEMORANDUM**

**TO: All City/SDWD and Contract Employees/Volunteers**  
**FROM: Human Resources Department**  
**SUBJECT: Pre-employment Screening/Live Scan**

Please contact one of the Live Scan Stations on the next page to schedule a fingerprint appointment. When you go to the Live Scan office, you will be required to take the following: a completed "Request for Live Scan" form and a Photo Identification Card.

Payment for the Live Scan is due upon service by the employee. Please bring your receipt to the Human Resources Department for reimbursement. \*After you finish the process, please return the second copy of the Request for Live Scan form to the Human Resources Department.

**Any questions, please contact the Human Resources Dept. at 760-633-2767.**

The City of Encinitas Administrative Manual Policy P028, Pre-employment Screening, requires fingerprinting of new employees, to be used for criminal records check. As stated in the employment notification letter to the applicant, employment is contingent upon successfully passing a background check.

## LOCAL LIVESCAN LOCATIONS

### CARLSBAD- R91

AAA Livescan on Grand  
800 W. Grand Ave., Suite #C-9  
Carlsbad, CA 92008  
(760) 434-3533  
[livescan@cox.net](mailto:livescan@cox.net)

\$18.00

Cash, Cashier's check, credit  
cards, money order

### CARLSBAD-FA1

Alpha Special Service Inc. DBA  
Alpha Private Detective Agency  
2260 Rutherford Road, Suite 111  
Carlsbad, CA 92008  
(760) 929-0812  
[contact@alphassb.com](mailto:contact@alphassb.com)

\$20.00

Cash, Cashier's check, company  
checks, credit cards

Mon-Fri 9:00 AM-5:00 PM

Walk-ins & appts.

Saturday 9:00 AM-12:00 PM

Appt. only

### CARLSBAD-XS3

Certifix dba The UPS Store  
6965 El Camino Real, #105  
Carlsbad, CA 92009  
(800) 710-1934 / (760) 438-7704  
[info@certifixlivescan.com](mailto:info@certifixlivescan.com)

\$20.00

Cash

Mon-Fri 8:00 AM-5:00 PM Walk-ins

### ENCINITAS-HS1/LW1/U29

1A Coastal Live Scan DBA Coastal  
Live Scan Services  
144 West D Street  
Encinitas, CA 92024  
(760) 230-1830  
[info@coastallivescan.com](mailto:info@coastallivescan.com)

\$20.00

Billing Accounts, Cash, Cashier's  
Check, Company Checks





A Public Service Agency

**EMPLOYER PULL NOTICE PROGRAM**

**AUTHORIZATION FOR  
RELEASE OF DRIVER RECORD INFORMATION**

I, \_\_\_\_\_, California Driver License Number, \_\_\_\_\_, hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving record, to my employer, \_\_\_\_\_

COMPANY NAME

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension, revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code (CVC) Section 1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

EXECUTED AT CITY	COUNTY	STATE
ENCINITAS	SAN DIEGO	CA
DATE	SIGNATURE OF EMPLOYEE	
_____	X _____	

I, CATHY GODFREY, of CITY OF ENCINITAS,  
AUTHORIZED REPRESENTATIVE COMPANY NAME

do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am requesting driver record information on the above individual to verify the information as provided by said individual. This record is to be used by this employer in the normal course of business and as a legitimate business need to verify information relating to a driving position not mandated pursuant to CVC Section 1808.1. The information received will not be used for any unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to CVC Sections 1808.45 and 1808.46.

EXECUTED AT CITY	COUNTY	STATE
ENCINITAS	SAN DIEGO	CA
DATE	SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE	
_____	X _____	

To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website at [www.dmv.ca.gov/otherservices](http://www.dmv.ca.gov/otherservices), or by calling 916-657-6346.

**THIS FORM MUST BE COMPLETED AND RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND MADE AVAILABLE UPON REQUEST TO DMV STAFF.**

**DO NOT RETURN THIS FORM TO DMV.**