

# *Rides For Ridgefield*

Hello,

Thank you for your interest in volunteering with *Rides For Ridgefield*.

ALL volunteers are asked to complete the *Rides for Ridgefield* Volunteer Application and reference forms (we ask for 3 references, one of which is a Ridgefield resident).

In addition to the Volunteer Application and reference forms, volunteers interested in DRIVING are also asked to complete the Driver Registration and Vehicle Registration forms. After *Rides* has received these forms, Volunteer Drivers will have additional processing to complete before they become drivers for *Rides For Ridgefield*.

The completed Volunteer Application, three References and (if relevant) Driver and Vehicle Registration forms can be either scanned and e-mailed to [RidesforRidgefield@ridgefieldct.org](mailto:RidesforRidgefield@ridgefieldct.org) or mailed to 400 Main Street, Ridgefield, CT 06877. Please leave a message for Nancy Brandon at 203-894-RIDE (7433) that the forms have been sent so she knows to expect your application.

Once your completed Volunteer Application is received in our office, *Rides* manager, Nancy Brandon, will contact you to schedule a meeting to continue the process. The *Rides for Ridgefield* Mobility Management Center is on the upper level of Ridgefield Town Hall, and is open Monday – Friday from 10:00 am to 2:00 pm.

All volunteers are asked to commit to a minimum of six months of service to the organization.

Volunteers interested in responding to callers are asked to volunteer for two hour shifts at least one or two shifts a month, any week day, either 10:00 am–12:00 noon or 12:00 noon–2:00 pm at the Mobility Management Center.

Volunteers interested in driving are asked to drive at least once a month and they have total flexibility about when and under what conditions they accept a ride.

Other volunteer opportunities are available; please let us know what your areas of interest are.

Your interest in volunteering with *Rides For Ridgefield* is greatly appreciated. I look forward to meeting with you.

Regards,

Nancy Brandon  
*Rides For Ridgefield*  
Mobility Management Center

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# *Rides For Ridgefield*

## **Volunteer Application**

Thank you for your interest in volunteering for *Rides For Ridgefield*. Please return the completed application to *Rides For Ridgefield*, Town Hall, 400 Main Street, Ridgefield, CT 06877, or scan/e-mail to [RidesforRidgefield@RidgefieldCT.org](mailto:RidesforRidgefield@RidgefieldCT.org). We ask that volunteers commit to a minimum of six months of service to the organization. If you have any questions, please email or call us (203 894-RIDE/7433).

As part of the screening process, the completed application, a personal interview and a background check will be required before volunteer responsibilities are assumed.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Phone:** (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Why are you interested in becoming a *Rides For Ridgefield* volunteer?** \_\_\_\_\_

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**Skills, interests, languages:** \_\_\_\_\_

\_\_\_\_\_

**Previous Experience:** \_\_\_\_\_  
(paid or volunteer)

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### **What volunteer opportunities interest you?**

- |                                      |   |                                |
|--------------------------------------|---|--------------------------------|
| <input type="checkbox"/> Call Center | <input type="checkbox"/> Information Management   | <input type="checkbox"/> Board |
| <input type="checkbox"/> Driving     | <input type="checkbox"/> Community Relations      |                                |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Other, pls specify _____ |                                |

### **What is your general availability?**

- |                                  |                                    |                                  |
|----------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Weekday | <input type="checkbox"/> Morning   |                                  |
| <input type="checkbox"/> Weekend | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |

# *Rides For Ridgefield*

**References:** (one reference should be a current Ridgefield resident)

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Type of reference:  Personal  Business

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Type of reference:  Personal  Business

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Type of reference:  Personal  Business

I hereby declare the information provided by me in this application is true and complete, and I understand that falsification of this information is ground for refusal to accept me as a volunteer, or if accepted, termination. I authorize the persons or organizations referenced in this application to give you any and all information concerning my previous experience, education, or any other information that they might have personal or otherwise, with regard to any of the subjects covered by this application; and I release all such parties from all liability for any damage which may result from furnishing such information to you. I authorize you to request, receive and verify all information given in this application.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

# *Rides For Ridgefield*

## **Volunteer Reference Form**

Please return the completed application to *Rides For Ridgefield*, Town Hall, 400 Main Street, Ridgefield, CT 06877, or scan/e-mail to [RidesforRidgefield@RidgefieldCT.org](mailto:RidesforRidgefield@RidgefieldCT.org).

Volunteer's Name: \_\_\_\_\_

Reference's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Reference's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

In what capacity do you know this person? \_\_\_\_\_

What strengths do you feel this person would offer as a *Rides for Ridgefield* volunteer?

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What do you feel stands out about this person?

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Do you feel this person is reliable? \_\_\_\_\_ Trustworthy? \_\_\_\_\_

Is there anything you would like to add about this person?

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(Office Use Only)

Reference checked by: \_\_\_\_\_ Date \_\_\_\_\_

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# *Rides For Ridgefield*

## VOLUNTEER DRIVER REGISTRATION FORM

**Volunteer Drivers Only:** Please return the completed application to *Rides For Ridgefield*, Town Hall, 400 Main Street, Ridgefield, CT 06877, or scan/e-mail to [RidesforRidgefield@RidgefieldCT.org](mailto:RidesforRidgefield@RidgefieldCT.org).

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ (required)

Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Driver License Number: \_\_\_\_\_

License State: \_\_\_\_\_ License Expiration Date: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Contact Primary Phone: \_\_\_\_\_ Contact Alternate Phone \_\_\_\_\_

Contact email: \_\_\_\_\_ Contact Relationship \_\_\_\_\_

I am generally available to drive:

\_\_\_\_\_ Weekday \_\_\_\_\_ Morning \_\_\_\_\_ Evening

\_\_\_\_\_ Weekend \_\_\_\_\_ Afternoon \_\_\_\_\_ Varies

I am willing to drive in inclement weather ? YES \_\_\_\_\_ NO \_\_\_\_\_

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

I am willing to drive:

Throughout the Greater Danbury area YES \_\_\_\_\_ NO \_\_\_\_\_

Other areas YES \_\_\_\_\_ NO \_\_\_\_\_

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

>>>please complete and sign the next page>>>

# Rides For Ridgefield

## Rider Accommodations

There may be certain rider accommodations that you are not comfortable in managing. Please indicate any accommodation restrictions you might have in driving Ridgefield seniors and residents who have mobility disabilities.

I am willing to:

- |   |     |     |    |     |
|---|-----|-----|----|-----|
| • escort riders curb-to-curb  | YES | ___ | NO | ___ |
| • escort riders to-the-door   | YES | ___ | NO | ___ |
| • escort riders thru-the-door   | YES | ___ | NO | ___ |
| • drive riders using walkers  | YES | ___ | NO | ___ |
| • drive riders using wheelchairs  | YES | ___ | NO | ___ |
| • drive riders using medical equipment (e.g., oxygen)                         | YES | ___ | NO | ___ |
| • drive riders with animals   | YES | ___ | NO | ___ |
| • drive a child using a car seat (all minors must be accompanied by an adult) | YES | ___ | NO | ___ |
| • other (please describe): _____  |     |     |    |     |

I certify that I am currently licensed to drive a passenger vehicle in the State of Connecticut.

Further, I agree to immediately notify *Rides For Ridgefield* in the event that my driver's license is suspended or revoked or if I have been involved in any accident or moving violation.

Further, I certify that I am not taking any medications or substances nor have any medical conditions which would impair my ability to drive safely.

Further, I certify that I am physically able to carry out essential volunteer driver functions. These functions include safely transporting Ridgefield seniors and residents who have mobility disabilities to and from their ride destinations and reasonably assisting riders as needed during pick-up and drop off.

Further, I certify that I will follow *Rides For Ridgefield's* Volunteer Driver Program Procedures and Guidelines.

Further, I authorize *Rides For Ridgefield* to make periodic checks of my driving and criminal record.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

adapted from WSDOT Volunteer Drivers Guide: A Guide to Best Practices [www.wsdot.wa.gov/Transit/Training/vdg/default.htm](http://www.wsdot.wa.gov/Transit/Training/vdg/default.htm)

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(Office Use Only)

Driver Registration recorded by: \_\_\_\_\_ Date \_\_\_\_\_



# Rides For Ridgefield

## VOLUNTEER DRIVER VEHICLE REGISTRATION FORM

**Volunteer Drivers Only:** Please return the completed application to *Rides For Ridgefield*, Town Hall, 400 Main Street, Ridgefield, CT 06877, or scan/e-mail to [RidesforRidgefield@RidgefieldCT.org](mailto:RidesforRidgefield@RidgefieldCT.org).

Name: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Vehicle(s): #1 Make: \_\_\_\_\_ Year: \_\_\_\_\_

Model: \_\_\_\_\_ Type: \_\_\_\_\_

# Passengers: \_\_\_\_\_ Accommodates wheel chair: \_\_\_\_ YES \_\_\_\_ NO

Any accessibility limitations (e.g., high step) \_\_\_\_ YES (please specify) \_\_\_\_ NO

License Plate #: \_\_\_\_\_ License Plate State: \_\_\_\_\_

Vehicle Registration # \_\_\_\_\_ Registration State: \_\_\_\_\_

#2 Make: \_\_\_\_\_ Year: \_\_\_\_\_

Model: \_\_\_\_\_ Type: \_\_\_\_\_

# Passengers: \_\_\_\_\_ Accommodates wheel chair: \_\_\_\_ YES \_\_\_\_ NO

Any accessibility limitations (e.g., high step) \_\_\_\_ YES (please specify) \_\_\_\_ NO

License #: \_\_\_\_\_ License Plate State: \_\_\_\_\_

Vehicle Registration # \_\_\_\_\_ Registration State: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

2<sup>nd</sup> Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

>>>please complete and sign the next page>>>

# *Rides For Ridgefield*

I certify that I am currently insured through the above company for automobile liability insurance in an amount in excess of or equal to the minimum required under Connecticut State law (minimum of \$20,000 per person and \$40,000 per accident for bodily injury liability and \$10,000 per accident for property damage liability).

Further, I agree to forward a photocopy of my Proof of Insurance Card at each renewal period.

Further, I agree to immediately notify *Rides For Ridgefield* in the event that the above liability insurance is revoked, cancelled or altered in such a manner as to no longer meet the minimum vehicle insurance requirements for the State of Connecticut.

Further, I agree not to transport any passengers as part of the volunteer driver program if these minimums liability requirements are not met, or if my Connecticut vehicle operator's license is not current and/or valid, or if the registration and license of the vehicle (s) I use to transport riders is not current and/or valid.

Further, I certify that my vehicle(s) is in safe operating condition and will be maintained in safe operating condition while I continue as a volunteer driver.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

adapted from WSDOT Vehicle Registration Form <http://www.wsdot.wa.gov/Transit/Training/vdg/Models.htm>

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(Office Use Only)

Vehicle Registration recorded by: \_\_\_\_\_ Date \_\_\_\_\_