



**WILSHIRE**  
COMMUNITY SERVICES, INC

## **Volunteer Handbook for Transporting Clients**

Wilshire Community Services volunteers may transport clients as a part of their service as Caring Callers volunteers, or as volunteer drivers with The Good Neighbor Program. The following handbook outlines Wilshire Community Services' transportation expectations, which are designed to provide a safe and enjoyable experience for both volunteers and clients.

Volunteer Drivers must be age **21** or over and in possession of a drivers license for a minimum of **5** years. Volunteer Drivers use their own vehicles to provide transportation services between the client's home and the requested destination(s).

In addition to their preliminary application documents, all volunteers who currently provide transportation, or may provide transportation in the future, must complete and submit the following:

- Volunteer Driver Statement of Understanding
- Driver Code of Conduct
- Medical / Physical Capacity Statement
- Volunteer Driver Handbook Read Receipt
- Vehicle Inspection
- Copy of valid California Driver's License
- Copy of current Auto Insurance
- Copy of current Proof of Vehicle Registration



## Tips for Driving Clients

### Transporting Personal Assistive Devices

Some Wilshire Community Services clients require the use of personal assistive devices, such as braces, canes, or walkers. Below is a list of some assistive devices that may be used by passengers.

#### *Braces*

Braces provide extra support for a weak or injured body part. Braces are typically used to support the legs, back, neck, or arms. When seating someone wearing a leg brace, allow ample room for the person to stretch out his or her legs while sitting.

#### *Canes*

A person using a cane will most likely need very little assistance. If assistance is required, however, you should aid them on the side opposite of the cane. Ask before offering assistance because the individual may be using a cane for balance. When the passenger is seated, the cane should be tucked away to avoid becoming an obstacle or a danger in the event of a sudden stop. Ask the passenger's preference before moving or storing it.

#### *Walkers*

People who require added stability for walking often use a walker. Most walkers are collapsible and can be folded up easily while the person is riding in a vehicle.

#### *Ventilators*

Ventilators assist people with breathing disabilities. A ventilator often looks like a small suitcase, and is either attached to a wheelchair or pushed in a cart. Depending on the person's needs, a ventilator may be used some or all of the time. It is especially important to remember not to rush a passenger with a breathing disability. If the ventilator's alarm goes off, it means that the person is not getting any air. Pull to the side of the road and stop. Ask if any assistance is needed. Many times the tube will just need to go back into the person's mouth. Wait until the person tells you that it is okay to continue driving.

### Safety Considerations

#### *Personal Safety*

If a passenger requires assistance with carrying items to and from the vehicle the volunteer may assist them and place them inside the home. In no case is the volunteer required to lift, carry, or provide special assistance that could harm him/herself or the passenger. You are not expected or advised to lift clients or wheelchairs in and out of your vehicle. Passengers are asked to have an escort available to them if they need special assistance.

#### *Rider Safety*

It is required that all passengers wear seat belts during the operation of the vehicle. If your passenger refuses to wear a seat belt, do not transport the person unless they show a signed statement from their doctor as to a medical reason not to wear. If you feel that a passenger needs more assistance than you can provide please contact Wilshire Community Services.

### **Environmental Concerns: Inside Your Vehicle**

Wilshire Community Services asks that you do the following to make your vehicle more comfortable for your passengers.

1. *Refrain from smoking.* There are several safety and health hazards associated with smoking while driving, so please refrain from smoking in your vehicle while transporting any clients. Passengers should also refrain from smoking in a volunteer's vehicle.
2. *Provide proper heating or cooling.* Maintain moderate temperatures in your vehicle. Let your passengers know where the warmest, coolest, and least drafty seats are located so that they may choose where to sit most comfortably. The proper maintenance of weather stripping around windows will help minimize draftiness and maximize insulation. There is also a greater need for more cooling and ventilation with a full vehicle than with an empty vehicle. Become familiar with the warmest and coolest parts of your vehicle and be sensitive to those who may require such considerations.
3. *Provide proper ventilation.* Good vehicle ventilation is necessary to minimize discomfort for those passengers sensitive to dust, exhaust fumes, and other irritants. As a general rule, do not keep windows open unless the passenger agrees.
4. *Keep your vehicle clean.* As a matter of safety, keep the interior of your vehicle clean and free of debris. Litter can pose hazards underfoot or under assistive devices.

### **Environmental Concerns: Outside Your Vehicle**

The outside environment may pose challenges for you, your passengers, and your time schedule. No matter how late you may be running for a scheduled pick-up or drop-off, NEVER DRIVE OVER THE SPEED LIMIT OR RUSH YOUR PASSENGERS. Doing so may threaten the safety of you, your passengers, and your vehicle.

1. *Choose the terrain carefully.* Rough streets, potholes, and construction areas can cause passenger discomfort. Find the smoothest routes possible. Hills may make it difficult to find level areas for stopping when picking up or dropping off passengers. Whenever possible, find the most level spots for stopping.
2. *Dealing with multiple entrances.* Apartment complexes with multiple entrances may also cause delays. If you are confused as to a particular pick-up point, call the client to ask what they prefer. If you are unable to contact the client you may call the program staff for further information.
3. *Driving in bad weather.* Bad weather poses several challenges for passenger assistance. Maintaining secure footing is the most critical factor when providing assistance. Inform your passengers of slick spots and offer assistance.

# Vehicle Safety

## Initial Safety Check

Vehicle inspections are required of each volunteer prior to their enrollment as a volunteer driver. Volunteers may perform this inspection themselves. The initial inspection is a basic safety check of the following:

- Door handles and locks
- Seats
- Seat Belts
- Instruments and wipers
- Lights and indicators
- Window conditions
- Cleanliness
- Tire condition
- Spare tire

Any vehicle that is, or suspected to be, in an unsafe condition will not be used until all necessary repairs have been completed.

## On-Going Maintenance

Wilshire Community Services staff may request periodic re-checks of volunteers' vehicles. It is the responsibility of the volunteer to maintain the following:

- Tires are undamaged, correctly pressurized, and have enough tread depth
- Correct oil, coolant and windscreen wash levels
- Working brakes
- Lights and indicators in working order
- Windscreen and windows undamaged
- Washers and wipers are working
- Mirrors are correctly positioned
- Loose loads are securely restrained
- All necessary seat belts and head restraints correctly adjusted

If in any doubt how to check any of the above, read the vehicle's handbook and/or ask someone to show you.

# Emergency Procedures

## Accidents

Wilshire Community Services suggests that volunteers keep a fully charged mobile phone to summon help if necessary. If a volunteer driver is involved in an accident while providing volunteer services, we ask that the volunteer first assess the situation for injury and take any necessary steps to address passenger safety first. Once it has been determined that all passengers are safe the volunteer must complete a Wilshire Community Services Accident Report form and contact the program staff immediately.

In the instance of an injury, please follow these procedures:

1. Use hazard warning lights and switch off your engine.
2. Do not move injured passengers unless they are in immediate danger of further injury.
3. Call the emergency services immediately; provide them with information about the situation, any special circumstances (for example, if carrying oxygen) and if any passengers have special needs.
4. If the emergency services are called, stay at the scene until they allow you to leave.
5. Obtain the names and addresses of all independent witnesses (if possible).
6. Ensure the vehicle is roadworthy before continuing the journey.
7. If there is any injury or the names of people involved are not exchanged, you must report the accident to the Police as soon as possible or in any case within 24 hours.

## Breakdown

1. Move the vehicle off the road and switch on the hazard warning lights.
2. If this is not possible, move it as far away from moving traffic as you can.
3. On busy roads, passengers should be taken as far from the traffic as is practicable.
4. Keep passengers together.
5. Call for assistance, giving emergency responders accurate details of the vehicle's location, and whether passengers with mobility problems are present.
6. Call Wilshire Community Services staff to inform them of the situation.

## Defensive Driving

### Are You a Defensive Driver?

Never	Sometimes	Usually	Often	Always
1	2	3	4	5
1. I follow the speed limit regardless of what the traffic around me is doing and how fast they are going.				1 2 3 4 5
2. I maintain control in driving situations by focusing on my own driving behavior and emotions.				1 2 3 4 5
3. I plan ahead to allow for traffic, weather conditions and construction when timing my daily routes.				1 2 3 4 5
4. I adhere to the designated driver rule when out with friends, making sure we always have a sober driver.				1 2 3 4 5
5. I try to cooperate with other people on the road and do not let uncooperative driving behavior impact me.				1 2 3 4 5
6. I alert the other drivers to my actions when driving by communicating positively through my directional signals and friendly gestures.				1 2 3 4 5
7. I take care of my vehicle to ensure safe functioning by scheduling regular maintenance.				1 2 3 4 5
8. I focus when driving on the task at hand and avoid any distractions like talking on the cell phone, eating or grooming.				1 2 3 4 5
9. I am relaxed, and pretty calm regardless of the situation and what the conditions are when driving.				1 2 3 4 5
10. I follow traffic signals and signs even when in a hurry because it is the safest choice to make for everyone involved.				1 2 3 4 5
11. I do not drive when tired or drowsy and take measures to rest periodically when taking long trips.				1 2 3 4 5
12. I wear my safety belt and require all passengers to do the same while in my vehicle.				1 2 3 4 5
13. I drive the posted speed limit because it is the safest for myself and others on the road.				1 2 3 4 5
14. I use my mirrors and check for blind spots before making lane changes.				1 2 3 4 5
15. I enjoy driving in a legal manner because it is less stressful and the right thing to do.				1 2 3 4 5

**TOTAL:**

### TOTALS

**64 – 75: You are a Defensive Driver.** You consider others when operating a vehicle. You consciously drive to be safe and to keep others safe.

**50 – 63: You are a Safe Driver.** A little more focus on safety and total control could help all drivers.

**35 – 49: You are an Average Driver.** You try not to let the environment or other drivers get to you, but it is not consistent. Given the right circumstances you may choose to take unnecessary driving risks.

**<35: You are a Risky Driver.** Your driving is placing yourself, your passengers, and other motorists at risk.

## Prescription and Over-the-Counter Drugs

A person's ability to drive safely can be impaired by using prescription and over-the-counter drugs. Drugs that cause side effects such as drowsiness, slower reaction time, impaired judgment, and dizziness can affect driving skills. Legally prescribed medication and over-the-counter allergy medications can impact a driver's ability more significantly than alcohol!

Mixing certain medications with alcohol can cause a dangerous interaction effect. Combining alcohol with medication can cause drowsiness, mental confusion, and breathing problems. It can also make the medication less effective which is also dangerous.

Research indicates certain prescription and common over-the-counter drugs are a contributing factor in more traffic crashes. According to one National Highway Traffic Safety Administration (NHTSA) study of multi-state fatal crashes, almost one in five drivers had drugs other than alcohol in their bodies.

Common Medications that Affect Driving Abilities	
Prescription	Over-the-Counter
<ul style="list-style-type: none"><li>• Antihistamines</li><li>• Anti-anxiety drugs</li><li>• Cough syrups containing alcohol or a narcotic</li><li>• Narcotic pain medications</li><li>• Sedatives</li><li>• Tranquillizers</li><li>• Muscle relaxants</li><li>• Antidepressants</li><li>• Blood pressure medications</li><li>• Anti-inflammatory drugs</li></ul>	<ul style="list-style-type: none"><li>• Decongestants</li><li>• Cold and flu remedies containing alcohol and/or antihistamines</li><li>• Motion sickness medication</li><li>• Pain relievers</li><li>• Allergy medications containing antihistamines</li><li>• Nighttime cold remedies containing alcohol</li><li>• Herbal remedies (interacting with prescription and over-the-counter drugs)</li></ul>

### *What it Feels Like*

Effects vary from mild drug effects to extreme combination drug effect. Symptoms can include alertness, anxiety, restlessness, confusion, dizziness, numbness, lightheadedness, mild euphoria, drowsiness, relaxation, nausea, headache, hostility, delirium, excitement, body tension.

### *What it Does*

**To your mind:** Stimulates or depresses central nervous system, especially respiratory center.

**To your body:** Alters heart rate, blood pressure, and breathing, interferes with control of body movements and reflex actions

**Special Characteristics:** Depressant effect is intensified if antihistamines, alcohol, tranquilizers, and like drugs are combined. Nose sprays effect "nasal rebound effect" and addiction. Cold pills combined with cough syrups can double dose and increase the side effects of all drugs.



## **Additional Notes for Good Neighbor Program Volunteer Drivers**

The Good Neighbor Program's Volunteer Driver services are designed to meet the needs of non-driving, homebound older adults and adults with disabilities in San Luis Obispo County. Many local seniors and adults with disabilities either cannot drive themselves, have trouble accessing and utilizing public transportation, and/or cannot afford private services. The program targets clients who need door-to-door assistance to access essential services and to remain healthy and active within the community.

### **Arranging Appointments**

All Good Neighbor Program clients receive in-home assessments to determine eligibility and appropriateness for services, and are matched for services based on their level of need and our volunteer availability. Clients are asked to provide a minimum of one week advanced notice for transportation requests. The program staff will then match clients with volunteers based on region, as well as day and time. Depending on volunteers' preferences and availability, drivers may provide regular transportation services for the same client(s), or may drive different clients each time.

Volunteers are notified of all details, such as length of trip and duration of appointment, prior to accepting a ride request. The volunteer is then provided with the contact information for the client, and for the client's emergency contact person. Even after arranging the appointment we ask that our volunteers call their client the day prior to their ride to confirm time and location details. This provides reassurance for the client as well as a friendly reminder for both the client and the volunteer.

### **Vehicle Entry and Exit**

Good Neighbor Program volunteer drivers will never be asked to transport a client who requires significant physical assistance transferring to and from a vehicle. However, getting in and out of the car and positioning oneself in the car can be difficult and painful for many clients. Allow plenty of time for the passenger to enter and exit the car, and provide gentle assistance if the client wishes. Whenever you are unsure about what the client would prefer (i.e. help getting in and out of the car, assistance between their home and the car) just ask. Be clear and considerate and respect their wishes.

### **Transporting Personal Assistive Devices**

Some clients require the use of personal assistive devices, such as braces, canes, or walkers. Volunteers will be notified in advance if the client will be using any such device, or if the client will need to transport any such device. Good Neighbor Program volunteers do not typically provide transportation for clients using a wheelchair. However, exceptions may be made in instances such as temporary wheelchair use, or the assistance of a personal care attendant to aid in transferring the client.



## **Communication and Sensitivity**

Positive and respectful communication can make your trip much more enjoyable for the client and for you. For many older adults, transportation represents their independence and is a vital connection for their socialization and daily activities. Making the transition to depending on others for transportation is often difficult and a source of concern and frustration, so try to remain patient and empathetic.

## **Boundaries and Responsibilities**

*Punctuality and Cancellations:* Please arrive promptly to all driving appointments made with clients. Notify the client as soon as possible if you are running late or need to change the appointment time for any reason. There may be a time when you must cancel your ride commitment. Please contact the Good Neighbor Program and the client immediately so that other arrangements may be made. You may deny a passenger transportation at the time of the appointed ride if it seems that transporting them could be a danger to you or to them.

*Ensuring Safe Drop-Off:* Please ensure that the passenger safely enters the drop-off location before driving away. When dropping off a client at a location other than their home, please ensure that the client has arranged for return transportation.

*Client Awareness:* In some instances you may be the only individual who sees a particular client on a regular basis. Please be aware of changes in the client's behavior or condition and communicate any concerns to the Good Neighbor Program.

*Tips and Donations:* Volunteer drivers are not allowed to accept tips from clients. If a client wishes to make a donation to the agency, they may do so through the Good Neighbor Program.

*Mileage Reimbursement:* Volunteers are reimbursed **only if they request reimbursement**. The available rate is \$25.00 per 100 **transport miles** driven. Mileage totals are calculated by staff based on the information given on monthly service logs.



# WILSHIRE

COMMUNITY SERVICES, INC

## Volunteer Driver Program

### Rider Survey

Name of Rider: \_\_\_\_\_ Date: \_\_\_\_\_

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

Date and Time of Trip: \_\_\_\_\_

Name of Driver: \_\_\_\_\_

<b>Please Answer the Following Questions</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Were you picked up on time?			
Did you arrive at your destination on time?			
Was the ride comfortable?			
Did you feel safe in the vehicle?			
Was the driver courteous?			
When you scheduled your ride was the person on the phone courteous?			
Did the driver request you to wear a seat belt?			
Was the vehicle clean?			
Would you use this service again?			
Would you recommend this service to others?			

How can we improve our service?



# WILSHIRE

COMMUNITY SERVICES, INC

## Volunteer Driver Program

### Accident Report

Driver name: \_\_\_\_\_

Date & time of the accident: \_\_\_\_\_

Location of the accident: \_\_\_\_\_

If accident involved another auto, please provide the following information:

Name of the driver: \_\_\_\_\_

License plate number: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

If accident involved one or more riders, please provide the following information:

Name of the rider: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of the rider: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of the rider: \_\_\_\_\_ Phone: \_\_\_\_\_

If the accident involved witnesses, please provide the following information:

Name of the witness: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of the witness: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of the witness: \_\_\_\_\_ Phone: \_\_\_\_\_

Please explain the accident in detail: \_\_\_\_\_

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Volunteer Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Volunteer Driver Statement of Understanding

The purpose of the Wilshire Community Services volunteer driver is to provide safe and reliable transportation to allow San Luis Obispo County older adults and adults with disabilities to remain healthy and independent.

Volunteer drivers of Wilshire Community Services drive their own cars and may, or may not, be reimbursed for mileage expenses. Retired and Senior Volunteer Program (RSVP) provides excess liability insurance for volunteer drivers age 55 or over.

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. Understand that you must meet these standards for motor vehicle insurance, policy or bond. Your personal insurance is the primary liability protection and must be issued by a company authorized to do business in your state of residence. For your protection we recommend \$1,000 medical coverage for passengers (which is common for fully covered cars).

I will provide proof of coverage of my vehicle insurance. In the event that my coverage changes or is canceled, I will immediately notify Wilshire Community Services 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 notify immediately and provide Wilshire Community Services with a copy of:

1. A report 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 am physically capable of driving my vehicle safely and will not drive while using any drug that may affect my driving ability, either prescription or "over the counter." I will provide a statement from my physician stating that I am capable of participating in this program.

My vehicle is mechanically sound and is equipped with seat belts that both my passengers and I will use. I will maintain all records required by Wilshire Community Services. I will **not** accept **personal donations** from riders, but may remind riders that they are able to make donations to Wilshire Community Services if they wish.

I have been provided with information about Wilshire Community Services, the purpose of the programs, and my role and responsibilities as a volunteer.

I will notify Wilshire Community Services at the time I no longer wish to be involved in this program. Either Wilshire Community Services, or I, may terminate this agreement at any time.

I, \_\_\_\_\_, have read and agree with the above statements.  
(print name)

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

# Driver Code of Conduct

1. All volunteer drivers will act in a professional manner at all times.
2. Reports of volunteer driver misconduct will be cause for immediate suspension from service. Confirmation of misconduct shall be cause for removal of the volunteer driver involved from serving riders.
3. Volunteers shall perform the following minimum levels of service:

A volunteer driver **shall not**:

- a. Solicit or accept controlled substances, alcohol, or medications from riders.
- b. Make sexually explicit comments, or solicit sexual favors, or engage in sexual activity with a rider.
- c. Use alcohol, narcotics or controlled substances, or be under the influence while on duty. Prescribed medication can be used by a driver as long as his/her duties can still be performed in a safe manner.
- d. Smoke in the vehicle when riders are present. This rule also applies to the riders.
- e. Wear any type of headphones or talk on cell-phones while driving.
- f. Be responsible for passenger's personal items.

A volunteer driver **shall**:

- a. As appropriate to the needs of the rider, exit the vehicle to open and close vehicle doors when passengers enter or exit the vehicle and provide assistance as necessary to or from the main door of the place of destination.
- b. Confirm, prior to allowing any vehicle to proceed, that all passengers are properly secured in their seat belts.
- c. Be polite and courteous to riders.
- d. Respect passengers' rights to confidentiality.

I, \_\_\_\_\_, received a copy of the Driver Code of Conduct and will abide by the contents.  
(print name)

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

## Medical / Physical Capacity Statement

\_\_\_\_ I verify;

\_\_\_\_ I do not verify:

I am physically capable of operating a personal automobile for the purpose of providing volunteer transportation.

I am not currently taking any prescription and/or "over the counter" medications which could impede my ability to safely operate a personal automobile.

Should my doctor prescribe and/or should I begin to take new "over the counter" medications in the future I will ensure that these new medications do not impede my ability to safely operate a personal automobile.

Should any type of new medication which does impede my abilities become necessary I will immediately notify the Service Coordinator and cease any and all volunteer activities requiring the operation of a motor vehicle, including but not limited to providing transportation for individuals eligible for this service, running errands, even driving myself to meet with individuals eligible for this service.

Volunteer Name (please print): \_\_\_\_\_

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

Please return this form directly to the Service Coordinator who can be contacted at:

Wilshire Community Services  
Attn: Services Coordinator  
285 South Street Suite J  
San Luis Obispo, CA 93401  
Phone: 805-547-7025 ext. 26  
Fax: 805-549-0654

*Wilshire Community Services*

## **Volunteer Driver Handbook Read Receipt**

I, \_\_\_\_\_, have read and agree to the terms specified in the Wilshire  
Community Services Volunteer Driver Handbook.

(print name)

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

## Vehicle Inspection

Driver: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Vehicle Type: \_\_\_\_\_

VIN: \_\_\_\_\_

### Physical Inspection

DOOR HANDLES AND LOCKS
SEATS
SEAT BELTS / OPERATIONAL / DAMAGED
ALL INSTRUMENTS / WIPERS
LIGHTS AND INDICATORS – FRONT
LIGHTS AND INDICATORS – REAR
WINDOW CONDITION (PITTED, OUT GASSING)
CLEANLINESS / LITTER
SPARE WHEEL TIRE PRESSURE AND CONDITION
TIRE CONDITION (WEAR)

NOTES:

Driver's Signature: \_\_\_\_\_

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