



**Town of Conway, Massachusetts
Board of Selectmen**

P.O. Box 240, Conway, MA 01341

Town Office: 32 Main Street • Town Hall: 5 Academy Hill Road

Phone 413-369-4235 • Fax 413-369-4237

www.townofconway.com

CONWAY SENIOR ON-DEMAND TRANSPORTATION SERVICE

DRIVER PACKET

Volunteers and customers needed for new Conway Senior transportation service.

I am pleased to announce the potential of additional Conway senior transportation services. My intention is to allow Conway seniors to more easily age in place and continue to live in this town past the point where they are no longer willing or able to drive themselves where they need to go. After several years of pursuing different solutions, I have reached an agreement with Tina Cote, the Administrator of the Franklin Regional Transit Authority (FRTA), who will provide the funding and administrative staffing for this program. This is a pilot program intended to gauge the demand for this service in this town and if this service is utilized.

This program is grant funded by FRTA and is not costing the Town of Conway anything at this time. For this service to be successful, we need residents over the age of 60 to use this service and we need volunteer drivers to take those people where they want to go.

Drivers will be reimbursed by FRTA at the IRS mileage reimbursement rate (which is currently \$.67 per mile), plus tolls and parking fees.

Drivers must keep mileage logs and submit them to FRTA for reimbursement. Volunteers must have a legal and insured vehicle in their name for this purpose. FRTA will provide umbrella liability insurance coverage above and beyond the volunteer driver's personal insurance coverage.

Volunteers must submit to a CORI background check and an RMV driving record check. An initial vehicle inspection will be done by the FRTA.

Consumers must be Conway residents over the age of 60. They can use this service for medical (doctor appointments, physical therapy), nutrition (grocery shopping, food banks) or social trips (hairdresser, nursing home visits). They will be billed by FRTA at the end of each month \$.40 per mile traveled. Consumers can have their own guest(s) travel with them at no extra charge as long as they are assisting the consumer with their trip (i.e. assisting with carrying groceries, with getting them into facilities, help in navigating their overall trip).

In order to be eligible for trips, consumers must first apply for services by completing an application. Once deemed eligible, they will call the FRTA with their ride request and the FRTA will match the consumer with a volunteer. There is no guarantee that a match will be made. The consumer should first try to schedule their trip with the Shelburne COA prior to being matched with a volunteer under this program. Consumers that have MassHealth should be trying to schedule their trip through a PT-1.

The FRTA will track the number of trips throughout the year so that it will help us to determine if it warrants enough activity to increase services in the Town of Conway.

Whether you are considering driving or riding, the place to start is with a telephone call or email to Veronique Blanchard, the Conway Town Administrator and you will be sent the initial forms you need to complete. Alternatively, you may pick up the forms at town offices during business hours. Please consider either volunteering as a driver or using this service if you are over the age of 60 and a Conway resident.



Franklin Regional Transit Authority 12 Olive St, Greenfield MA 01301

www.fna.org Tel: (413)774-2262 Fax: (413)7722202

Med-Ride VOLUNTEER APPLICATION FORM

Name: _____ Date Of Birth: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

MA Driver's License Number*: _____ Expiration Date: _____

Year, Make, Model of Vehicle**: _____ Plate#: _____

***A copy of your driver license, registration and insurance declarations page is required.**

**** This is the only vehicle to be utilized under this program. Written permission from FRTA must be obtained before another vehicle can be used under this program.**

Emergency Contact Information:

Name: (Print) _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Relationship to you: _____

Required Background Information:

The FRTA requires that all Med-Ride Volunteers undergo CORI and RMV driver record background checks as an annual or as needed basis.

As a reminder, certain infractions on our RMV driver recorder will prohibit you from driving for the Volunteer Program. These infractions include but are not limited to the following:

Within 10 years -

- Driving under the influence of alcohol or drugs/driving while intoxicated
- Reckless driving/driving to endanger

With in 4 years-

- Leaving the scene of an accident
- Driving without a license and/or insurance
- Driving with a suspended license

- Any record with 2 or more violations (other than parking)
- Any other violations that in the opinion of the FRTA would disqualify you as a volunteer driver

Med-Ride volunteer drivers operate 5 days per week (Monday through Friday). Are there any days that you would not be available? Yes_ No_

If yes, please list what days _____

Are there any destinations that you do not wish to travel to (for example Boston, Springfield)?

If yes, please list what these locations are _____

Are you interested in driving for towns other than Conway? Yes_ No

References:

Please list 1 business (or employer) reference and 1 personal reference (no relatives) with the understanding that the references will be contacted.

Business reference name: _____ Address: _____

Phone Number: _____

Personal reference name: _____ Address: _____

Phone Number: _____

Insurance:

As a Med-Ride Volunteer driver, the FRTA's Workers Compensation policy does not cover you in the event you are injured during the course of your volunteer service. As a volunteer, you must use your own personal automobile during the course of your service. You must keep in effect your auto liability insurance policy and must meet minimum Massachusetts insurance levels required by law. You must provide FRTA with a current copy of your auto liability policy during the course of your volunteer service. As a Med-Ride Volunteer you understand that your service is through the Med-Ride Program and that you are not an employee or agent of FRTA.

Hold Harmless:

Med-Ride Volunteers will indemnify and hold harmless the Franklin Regional Transit Authority its officials, agents, servants and employees from and against and all liability including suits, actions, legal proceedings, claims demands, damages, costs, expenses, and attorney fees for damage to persons or property of any kind whatsoever arising out of and all activities to be conducted by the Med-Ride Volunteer.

Confidentially:

All consumer trip information and all communications between FRTA staff and Med-Ride Program Volunteers are confidential. As a Med-Ride Program Volunteer, you will never disclose any consumer information to a third party without the express consent of the consumer and FRTA.

By Signing this document, you attest that the information provided above is accurate and that you understand and agree to all the above information.

Volunteer Signature _____ Date _____



Franklin Regional Transit Authority 12 Olive St, Greenfield MA 01301

www.fрта.org

Tel: (413)774-2262

Fax: (413)772-2202

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGMENT FORM

The Franklin Regional Transit Authority (FRTA) is registered under the provisions of M.G.L c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees and volunteers.

As a prospective or current employee or volunteer, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services (DCJIS). I hereby acknowledge and provide permission to FRTA to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing FRTA with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT AND VOLUNTEER PURPOSES ONLY: The FRTA may conduct subsequent CORI checks within one year of the date the form was signed by me provided, however, that FRTA must first provide me the written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledgment that the information provided on page 2 of this Acknowledgment Form is true and accurate.

Signature

Date

SUBJECT INFORMATION:

Last Name	First Name	Middle Name	Suffix
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Maiden Name (or other name(s) by which you have been known)

Driver's License or ID Number:.....State of Issue:_____

Social Security Number: _____

DOB _____ Sex: _____ Height: ___ ft. ___ in. Eye Color: _____ Race: ___ _

Mother's Full Maiden Name

Mother's Current Last Name

Father's Full Name

Current and Former Addresses:

Current Street Number & Name	City/Town	State	Zip
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Formers Street Number & Name	City/Town	State	Zip
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The above information was verified by reviewing the following form(s) of government issued identification:

Verified **By**: -----

Name of Verifying Employee (Please Print)

Signature of Verifying Employee



Franklin Regional Transit Authority 12 Olive St, Greenfield MA 01301

www.frta.org

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AGREEMENT TO RESPECT CONSUMER RIGHTS

MED-RIDE ATTACHEMNT D

Transporting Consumers. Including seniors and people with disabilities, is a very important and valuable function. Drivers, as frontline employees, are critical in their role with interacting with Consumers. Communicating information (no matter how small it may seem) about client behaviors will benefit all persons involved, make follow-up easier and a repeat of the same situation less likely. The following is a list of common prohibitions in order to avoid violation of Consumer rights:

- A. All Consumers will be treated with respect and dignity.
 - B. Do not yell at Consumers for any reason.
 - C. Do not use foul language.
 - D. A driver may never hit or physically abuse a Consumer or anyone.
 - E. Do not change a Consumer's destination or pick-up or drop-off spots without authorization from your supervisor.
- 1) Any violation of the above Consumer rights should be reported to your supervisor immediately. You also may have to fill out an incident report. Your supervisor can advise and assist you.
 - 2) If the incident is harmful, dangerous, inhumane or constitutes mistreatment toward the Consumer, or causes physical or emotional injury to the Consumer or constitutes sexual misconduct, you must also report it to the Disabled Person Protection Commission {DPPC} (for adults with disabilities between the ages of 18-59) at **1-800-426-9009**; or the Elder Abuse Hotline)for seniors 60 years of age or older) at **1-800-922-2275**; or the Department of Children and Families {DCF} (for children though 17 years of age) at **1-800-792-5200**.

I have received, read, and understood this agreement to protect Consumer Rights and agree to follow it.

DATE _____ Signature _____

DPPC Telephone Number is: 1800-426-9009

Elder Abuse Hotline is: 1-800-922-2275

DCF Telephone Number is: 1-800-792-5200

Page ___ of ___

PLEASE PRINT ALL INFORMATION

CLIENT NAME/ADDRESS

PHONE

DESTINATION

ODOMETER

TRIP MILES

Date:

END

START

Date:

END

START

Date:

END

START

Date:

END

START

Date:

END

START

FOR OFFICE USE ONLY

No. Miles This Page

X \$0.67

Receipts/Toll,Parking

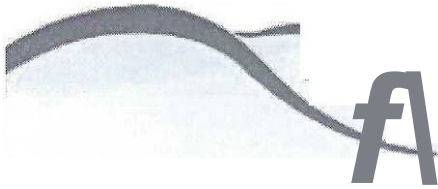
Driver Name

Driver phone number

TOTAL COST

TOTAL COST ALL PAGES

Driver Address



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FRTA CONFIDENTIALITY AGREEMENT

Purpose:

The purpose of this Confidentiality Agreement is to protect the identity and privacy of FRTA consumers. As Contract Staff or a Volunteer you will encounter personal and sensitive information from FRTA about consumers. Therefore, it is very important to refrain from disclosing any information to third parties about FRTA consumers to avoid causing any harm.

Confidential Information:

Confidential consumer information should never be discussed in the presence of third parties, except under the Terms outlined below. Any files and/or documents containing confidential information should never be shared or released to third parties, except under the Terms outlined below. Confidential information includes, but is not limited to, the following:

- Identifying information about the consumer, including name, address, or phone number;
- Information relating to the consumer's family;
- Information regarding the consumer's trip information or other transportation requirements;
- Any other information that could identify a consumer or potentially place the consumer at risk.

Terms:

By signing this Confidentiality Agreement, you agree to the highest ethical standards and to abide by the following provisions:

- All communications between FRTA, consumers, and yourself are confidential;
- You shall not disclose confidential information to a third party without the express consent of FRTA and the consumer to release such information;
- You have a duty to keep consumer information confidential throughout your term as a Staff or Volunteer as well as after your employment or volunteer status ends;
- You agree that any failure to abide by the terms set forth in this Confidentiality Agreement may result in the termination of your participation with FRTA programs.

I, _____(print name), have read the above FRTA Confidentiality Agreement and understand its terms and my responsibilities as Contract Staff or a Volunteer.

Signature of Contract Staff or Volunteer

Signature of Supervisor

Date