

Community Rides
Volunteer Driver Program
Using our Services

Guidelines for our Riders and their Families

Whom we serve:

Community Rides coordinates volunteer drivers in the Rangeley Lakes Region who offer rides to adults 55 and over, and, when necessary their caregiver. We serve residents of the towns of Rangeley, Rangeley Plantation, Lincoln Plantation, Dallas Plantation, Oquossoc, Megalloway Plantation and Sandy River Plantation.

Cost:

There is no charge for our services. We are currently funded by the United Way of the Tri-Valley Area and Maine Community Foundation.

Volunteers:

Services are provided by volunteers who give of their own time to help others. Volunteers are screened, self-insured, and participate in a driver orientation program. They are not given money for mileage or time. They appreciate your thanks. They are kind and caring people who want to help their neighbors. They are required to keep confidentiality.

Please call if you have any problems or do not feel comfortable with a specific volunteer or if you would prefer a different volunteer in the future. We appreciate your input.

Release Forms:

We ask that you sign an agreement form to receive volunteer services and that you provide an emergency contact and emergency plan should it be needed while you are with a volunteer.

Transportation Services:

Please give as much advance notice as possible. All rides depend on volunteer availability. We request **at least three business days'** notice of your appointment, although we understand that this may not always be possible. **The sooner your appointment is on our calendar, the more time we have to find a volunteer to help you.**

To request a ride, contact the program coordinator at 207-778-5048, option 6. Please leave a message with your ride request including your name, phone number, destination and date ride is needed. Your call will be returned as soon as possible, usually the same day that you leave your message.

Once a ride has been confirmed by the driver by calling the rider, the rider is expected to notify both the driver and the Program Coordinator if there is a cancellation or a change in plans.

Our volunteers use their own vehicles. We try to match volunteer and vehicle to your needs. **WE CANNOT DO LIFTING SO YOU MUST BE ABLE TO GET IN AND OUT OF A VEHICLE WITH MINIMAL ARM ASSISTANCE.** If you require a low vehicle or cannot use a step-stool, please let us know. If you use a wheelchair, please let us know if you need to take it with you.

Volunteers can escort clients into appointments, may stay with them and may help with shopping and other errands at driver discretion. We provide transportation to medical appointments, hair appointments, the grocery store, recreation, exercise, socialization, and volunteering. We do not restrict transportation by type of destination or by income.

Appendix F
Community Rides
Rider Agreement
(Please keep one copy for your records)

I have received, read and clearly understand the Community Rides Policies and procedures and agree to follow the terms of this agreement. **(Please initial each item below).**

_____ I understand that Community Rides is a volunteer program and that while all reasonable efforts will be made to meet my request, services are not guaranteed.

_____ I agree to communicate all my requests through the Program Coordinator a minimum of three (3) business days prior to the time needed for such request.

_____ I agree to provide the Program Coordinator and my volunteer driver detailed directions to my home and to the ride's destination[s]. I agree to inform Community Rides at the time of my request if I will be using a cane, walker, wheelchair or will need any other type of additional assistance.

_____ I understand that Community Rides and its volunteers are not employed by me or hired in any other capacity. I understand that Community Rides and its volunteers cannot sign official or legal documents; and cannot take medication or care orders from my health care providers.

_____ I agree to provide my primary care provider's name, address, phone number; emergency contacts; and special medical concerns or needs the Program Coordinator and drivers should be aware of. Any such information will be kept strictly confidential and be used solely for the needs of the rider.

_____ I agree to keep to the times and services requested. I understand that once the program coordinator has scheduled my ride and a driver, I must notify the Coordinator and the driver of any changes or cancellations.

_____ I understand that all Community rides are complimentary and free of charge. There will be no payment requested or expected for any services provided.

_____ I agree to hold Community Rides and its volunteers harmless from any losses or damages incurred by me unless losses or damages were the result of intentional or willful misconduct.

_____ I agree that Community Rides and its volunteer drivers may refuse to provide a ride if there is reason to believe that I might put another rider or volunteer at risk.

Print name _____ Date _____

Signature _____

Legal Guardian, if applicable, please complete below

Print name _____ Date _____

Signature of representative _____

**COMMUNITY RIDES
RIDER INFORMATION FORM**

Date of initial contact _____ Email address _____

First name: _____ Last Name: _____

Address: _____

Phone: _____ Date of Birth: _____

How do you currently get to appointments, shopping etc.? _____

Do you need assistance getting from the house to the car? ___ yes ___ no

Do you have any medical conditions or mobility issues that we should be aware of? ___ yes ___ no.

If yes, please describe _____

Do you have any problems with hearing or vision? ___ yes ___ no. If yes, please describe:

Do you use any of the following?

_____ walker . _____ wheelchair _____ cane _____ oxygen

_____ another adaptive /assistive device

If yes, please describe:

How many times have you fallen in the last 12 months? _____

Will you have a cell-phone with you? ___ yes ___ no. Number: _____

Do you live alone? ___ yes ___ no

If yes, do you have a caregiver? ___ yes ___ no. If yes, provide info below:

Caregiver Name: _____ Caregiver phone: _____

If no, who else is in your household? _____

Who should we contact if an emergency occurs while we are driving you?

Name: _____ Phone: _____

Address: _____

Relationship: _____

Who is your primary care provider (doctor)?

Name: _____ Phone: _____

Address: _____

Do you smoke? ___ yes ___ no

Are you allergic to pet hair or fragrances? ___ yes ___ no, If yes, circle which.

How did you learn about Community Rides? _____

Directions to/description of your home: _____

Interviewer Notes:

Community Rides Interviewer _____ Date _____