

Dear Volunteer,

I would like to take this opportunity to welcome you to the East Hants Alternative Transportation Service (EHATS). We are pleased you recognize the value of being a volunteer and appreciate your time, and the commitment you have made to your community.

East Hants Adult Learning Association recognized that transportation was a barrier for residents who want to access educational services. While attempting to address the need, East Hants Adult Learning Association realized that transportation was also a barrier for seniors, persons of low income and youth.

Our goal is to enhance the lives of persons living in East Hants by providing a reliable, affordable and inclusive solution to their transportation barriers. We believe that transportation is the tool needed by East Hants residents to help them access educational, employment, and business opportunities, quality health care services, and government and/or community service organizations.

We believe you will enjoy your experience as a volunteer driver for East Hants Adult Learning Association. We see your role as a wonderful opportunity to meet new people, discover new places, adopt new interests and learn about your community. We also hope that you are not too modest to accept that you are a true hero to your community and the people you support. We are committed to supporting and maintaining your position with our organization. If at any time you have concerns, please feel free to express them to us and we will work together to resolve any issues.

Thank you

Gail Brown
Service Coordinator

Dear Sir or Madam,

Thank you for your interest in becoming a volunteer driver with East Hants Alternative Transportation Service (EHATS).

Please complete the:

- Volunteer Application
- Declaration of Confidentiality
- Child Abuse Registry
- Criminal Records Check (to be completed at your local detachment of the RCMP)
- Driver's Abstract from Access Nova Scotia (\$15.00 processing fee)
**Access Nova Scotia is located in Dartmouth, Halifax, Truro, Windsor and Kentville. The hours of operation: Mon – Tues 8:30 am – 4:30 pm and Wed – Fri 8:30 am – 7 pm.*

And return to our office at:

East Hants Alternative Transportation Service
The Nova Centre, Suite 101a
224 Highway #214
Elmsdale, NS
B2S 1J7

Please have your insurance company complete the Insurance Confirmation form. They are advised to make a copy. They can fax us one and mail the original to our office at the above noted address.

If you have any questions or concerns, please do not hesitate to call.

Thank you,

Gail Brown
Service Coordinator

Job Description

Volunteer Driver

Organization: East Hants Alternative Transportation Service

Reports to: Service Coordinator

Objectives of the Position:

To provide transportation to members of East Hants Alternative Transportation Service.

Qualifications:

- Must have valid driver's license and a reliable vehicle.
- Must have proof of insurance and carry \$2,000,000 (two million) of liability insurance coverage and obtain a S.E.F. 6a rider.
- Must provide satisfactory driver's abstract, Criminal Record Check, and Child Abuse Registry.

Job duties:

1. Maintain contact with the Service Coordinator and inform them of any concerns you may have.
2. To pick up members on time and deliver them safely to pre-determined destinations.
3. To assist members, if necessary, in and out of vehicle.
4. To return the member to their home unless another destination has been pre-determined.
5. To maintain a travel log of the number of kilometres and hours accumulated for each drive. Mileage is clocked from the driver's home and ends once you've returned.
* Please note that if you perform personal errands during the time you are waiting for the member to finish their business, you must deduct those kms. from the overall mileage accumulate.
6. To keep a record of fees and donations collected and to turn over the information and money to the Coordinator when you submit your mileage.
7. Volunteer Drivers are expected to maintain their personal vehicle in a reliable state of repair and in a reasonable state of cleanliness.

Things to remember:

- It is not the responsibility of the volunteer driver, nor is it appropriate, to accompany the member into an examining room during a medical visit.
- Parking fees are the responsibility of the member.
- Volunteer Drivers have the right to refuse drives if they feel their safety is in jeopardy or if they are uncomfortable with the member's behaviour(s).
- Inform your insurance company annually that you are a volunteer driver.

Volunteer Application
East Hants Alternative Transportation Service
The Nova Centre, Suite 101A
224 Highway #214
Elmsdale, Nova Scotia
B2S 1J7

Name: _____

Address (civic): _____

Address (mailing): _____

Postal code: _____ Telephone: _____

Email address: _____ Cell phone: _____

Occupation: _____ Employer: _____

How much time would you like to volunteer per week? _____

What day(s), mornings or afternoons are you available? _____

Do you have any experience with persons with disabilities or seniors? Please explain

Type of vehicle: _____ License plate : _____

Driver's license #: _____ Restrictions / class: _____

Provide a driver's abstract (\$10 processing fee) _____

Provide a Criminal Records Search _____

Provide a Child Abuse Registry Search _____

Declaration of Confidentially _____

You must inform your insurance company annually that you are a volunteer driver.

Signature: _____ Date: _____

For office use only

CRS Driver's Abstract Proof Of Insurance Child Registry DC

**East Hants Alternative Transportation Service
The Nova Centre, Suite 108
224 Highway #214
Elmsdale, Nova Scotia
B2S 1J7**

**INSURANCE CONFIRMATION FOR
VOLUNTEER DRIVER**

This letter is to inform you that I am a volunteer driver with East Hants Alternative Transportation Service, a service of East Hants Adult Learning Association, a not-for-profit organization that is striving to serve the transportation needs of rural residents in East Hants. I will be doing occasional, benevolent driving for persons with disabilities, seniors, person of low income or youth. I will be compensated for my fuel expenses only.

By signing this form the insurance company is confirming that I will carry two (2) million dollars of insurance coverage, and if required by my insurance agent, have added a S.E.F. No. 6a rider to my coverage. It is also understood and agreed that in the event of cancellation of this automobile insurance policy, 15 days written notice will be provided to the East Hants Alternative Transportation Service.

Name of insured: _____

Address: _____

Phone number: _____

Name of Insurance Company: _____

Policy number: _____

Expiry date: _____

Signature of Agent: _____

Date: _____

**Additional Insurance Coverage That May Be Required by
your Agent**

S.E.F. No. 6a

**PERMISSION TO CARRY PASSENGERS FOR COMPENSATION
ENDORSEMENT**

In Consideration of the premium indicated on the Certificate of Automobile insurance, permission is hereby given for the automobile to be used to carry passengers for compensation or hire in the business of or for the use described as follows:

If more than one automobile is insured under the policy, this endorsement shall apply to the automobile(s) indicated in the Certificate of Automobile Insurance to which this endorsement is attached.

Except as otherwise provided in this endorsement, all limits, terms, conditions, provisions, definitions and exclusions of the policy shall have full force and effect.

Attached to and forming part of policy No. of _____
This endorsement shall be effective from 12:01 a.m. Standard Time
Broker: _____

This additional to your policy usually costs between 5 – 10% of your PLPD coverage. For example if your PLPD premium for 1 year is \$400.00 – this rider will cost between \$20 - \$40 for a 1-year period.

That means this policy could cost as little as \$2 / month.

**** Please remember that this cost is usually made up in the first few rides (depending on distance and fuel costs). EHATS is committed to supporting our volunteers. If you have any questions or concerns about this rider, please talk to the Coordinator.***