



INTERLINK VOLUNTEER JOB DESCRIPTION

Job title	<i>Volunteer Driver</i>
Reports to	<i>Program Specialist>Office Manager>Executive Director</i>

Job Structure and Purpose

Since 1984, Interlink has served thousands of senior citizens and persons with disabilities residing in Nez Perce County, Idaho and Asotin County, Washington. Clients contact Interlink seeking assistance with a variety of services that Interlink provides – especially transportation to medical appointments. Interlink provides these services by recruiting and matching volunteers to the requests received.

An Interlink **Volunteer Driver** is an extremely flexible volunteer opportunity which will transport elderly and disabled persons throughout the Lewis-Clark Valley to medical, grocery, commercial, and recreational destinations. Volunteer Drivers make their own hours and schedules, driving as much or as little as they are able.

Duties and Responsibilities

- Responsible for the safe, respectful, and timely transportation of elderly and disabled community members.
- Engage with Interlink clientele in a positive and friendly manner.
- Utilize Interlink's online *Assisted Rides* scheduling system to access transportation request information and calendar.
- Record and report any and all deviations from or changes to scheduled requests to the office.

Qualifications

Minimum Qualifications include:

- Must possess a valid driver's license as well as a licensed, insured, and reliable personal automobile.
- Satisfactory driving record.
- Satisfactory criminal history check.
- Friendly and respectful personality.
- Desire to work with and assist senior citizens and persons with disabilities with patience and empathy.

Desired Qualifications:

- Proficient software navigation skills.
- Prior experience working with the elderly and/or persons with disabilities.
- Prior experience working for a nonprofit organization or transit operation.
- Detailed knowledge and experience with navigating the streets and neighborhoods of the LC Valley.
- Ability to successfully utilize Google Maps (or another source) for navigation.
- Ability to accurately predict the time needed to travel to and from various destinations in the Valley.

Interlink, Inc. does not discriminate based on race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.



Working Conditions & Physical Requirements

This opportunity is available 7 days a week. The majority of transportation requests take place M-F 8am-5pm and are for medical appointments. Volunteers must be able to interact with other employees, volunteers, and clients in a collegial and friendly manner.

Volunteers must be able to drive safely, possess a clean reliable car, a current driver's license, and at least the state required minimum level of automobile insurance coverage. Must be able to lift to 20 pounds occasionally as part of loading and unloading client assistive devices, such as walkers, as well as occasional groceries.

Wages & Leave Time

This position is an unpaid volunteer position as defined by the Washington State Department of Labor & Industries. The position provides no insurance, retirement, or other fringe benefits. Mileage is reimbursed at the rate of 62.5¢/mile.



Enabling elders and people with disabilities to live independently in their own homes

VOLUNTEER APPLICATION/UPDATE FORM

549 5th St. Suite #E, Clarkston WA 99403-2002

Email: director@interlink-volunteers.org Office Phone: 509-751-9143

(Please use print letters)

Full Name:		
Home Address:		
City/State:		
Phone: Home:	Work:	
Cell:	Date of Birth:	
Email:	Gender(opt.): F M Other	
Emergency Contact:	Phone:	
<u>Do you have any limitations, allergies, or other health concerns that we should be aware of?</u>		
Do you own a car? _____ A truck? _____		
Faith Community/Church Affiliation: (opt.)		
Would you like to be Reimbursed for your Mileage and/or other expenses? Yes No		
Have you received your COVID-19 Vaccinations? Yes No		
<u>INTERESTS/TRAININGS/SKILLS/LANGUAGES:</u>		
Who or what prompted you to volunteer?		
Skills I am willing to share:		
<input type="checkbox"/> Local Transports	<input type="checkbox"/> Local Transports w/Shopping Assistance	<input type="checkbox"/> Personal Shopping and/or Delivery
<input type="checkbox"/> Home Repair	<input type="checkbox"/> Building or Painting Wheelchair Ramps	<input type="checkbox"/> Office/Computer/Data Entry
<input type="checkbox"/> R U OK Care Calls	<input type="checkbox"/> Communication/Social	<input type="checkbox"/> Media/Publicity/Special Events
<input type="checkbox"/> Leadership/Board Member	Other:	
Do you agree to submit to a background check? Y N (Please circle one)		
REFERENCES:		
Name	Relationship	Phone:
Name	Relationship	Phone:
AVAILABILITY: List your availability or preferences (example: No Monday mornings, etc.)		

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INTERLINK VOLUNTEER AGREEMENT

INTERLINK is dependent upon a climate of mutual caring and trust between volunteers and the recipients they serve. When a person seeks assistance through the program, personal information is shared, such as income, medical problems, and age. As volunteers work with recipients, they observe lifestyles, belongings, and family situations. All recipient information will be kept confidential.

INTERLINK offers secondary volunteer liability insurance coverage for all volunteers. Volunteers will be required to provide the office with proof of current vehicle insurance coverage, and a valid driver’s license.

Mileage reimbursement is available for all volunteers. Volunteers are requested to record and report all activities or mileage changes to the office staff by the 5th day of the month following the activity.

INTERLINK reserves the right to refuse any application on any basis deemed reasonable. All information provided to **INTERLINK** on this form is confidential.

CONSENT FOR BACKGROUND CHECK

I understand that Sterling Volunteers, 113 South College Avenue, Fort Collins, CO 80524, 855-326-1860 will obtain a consumer report and/or investigative consumer report (“Report”) as part of the Volunteer background screening process. I also understand that further Reports may be obtained by VERIFIED VOLUNTEERS to update my Report.

I understand the Verified Volunteers investigation may include obtaining information regarding my criminal record, subject to any limitations imposed by applicable federal and state law. I understand such information may be obtained through direct or indirect contact with public agencies or other persons who may have such knowledge. If an investigative consumer report is being requested, I understand such information may be obtained through any means, including but not limited to personal interviews with my acquaintances and/or associates or with others whom I am acquainted. The nature and scope of the investigation sought is indicated by the following services: Criminal Background Check, Sex Offender Search, Motor Vehicle Report, and OFAC/Terrorist Watch List.

I acknowledge receipt of the attached summary of my rights under the Fair Credit Reporting Act and, as required by law, any related state summary of rights (collectively “Summaries of Rights”).

This consent will not affect my ability to question or dispute the accuracy of any information contained in a Report. I understand if an organization with whom I’ve shared my background check makes a conditional decision to disqualify me based all or in part on my Report, I will be provided with a copy of the Report and another copy of the Summaries of Rights, and if I disagree with the accuracy of the purported disqualifying information in the Report, I must notify the Organization within five business days of my receipt of the Report that I am challenging the accuracy of such information with VERIFIED VOLUNTEERS.

I hereby consent to this investigation and authorize STERLING VOLUNTEERS to procure a report on my background. To verify my identity for the purposes of report preparation, I am voluntarily releasing my date of birth, and other information and I fully understand that all volunteer decisions are based on legitimate non-discriminatory reasons. **A Summary of Your Rights Under the Fair Credit Reporting Act** the Federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

I understand the need for **INTERLINK** in the valley and that my volunteer assignment is an important commitment. I will make every attempt to live up to the responsibility. I understand the importance of accurate record keeping for the welfare of both the recipient and **INTERLINK**. I agree to observe and fulfill the above statements.

Applicant Signature _____ **Date:** ____ / ____ / ____

Staff Signature _____ **Date:** ____ / ____ / ____



ETIQUETTE & BEHAVIOR FOR RELATING TO PERSONS WITH DISABILITIES:

Please read, sign and date

1. Remember that a person who has a disability is a person -- like anyone else.
2. Relax. If you don't know what to do or say, allow the person who has a disability to help put you at ease.
3. Do not assume anything. If you have a question about what to do, how to do it, what language or terminology to use, what assistance to offer, ask the person with the disability. That person should be your first and best resource.
4. Offer assistance, quietly and tactfully, if it seems needed, but don't overdo it or insist on it or make a scene. Respect the person's right to reject help or to indicate the kind of help needed.
5. If, for whatever reason, you cannot assist in the way that is asked, be open in discussing this with the person with the disability. You have a right to set limits on what you can and cannot do. Your relationship with a person with a disability should be, like any other relationship, a reciprocal one.
6. If there is time and opportunity, explore your mutual interests in a friendly way. The person probably has many interests besides those connected with their disability and the job.
7. Talk about the disability if it comes up naturally, without prying. Be guided by the wishes of the person with the disability.
8. Appreciate what the person can do. Remember that the difficulties the person may be facing may stem more from society's attitudes and barriers than from the disability itself.
9. Be considerate of the extra time it might take for a person with a disability to get things said or done. Let the person set the pace in walking or talking.
10. Speak directly to a person who has a disability. Don't consider a companion or interpreter to be a conversational go-between.
11. Don't move a wheelchair, crutches, or other mobility aids out of the reach of a person who uses them.
12. Never start to push a wheelchair without first asking the occupant if you may do so.
13. Before deciding whether to push a wheelchair up or down a step, curb, or other obstruction, ask the person if and how he or she wants you to proceed; and be respectful of your own limitations.
14. Don't lean on a person's wheelchair when talking; it is an invasion of personal space. Don't pat a person in a wheelchair on the head; that is patronizing.
15. Give whole, unhurried attention to the person who has difficulty speaking. Don't talk for the person but give help when needed. Keep your manner encouraging rather than correcting. When necessary, ask questions that require short answers or a nod or shake of the head.
16. Don't pretend to understand a person with a speech difference when you do not. Don't be afraid to let the person know that you do not understand. Be patient, not only with the person with the disability but also with yourself.
17. Speak calmly, slowly, and distinctly to a person who has a hearing problem or other difficulty understanding. Stand in front of the person, speak directly to the person, and use natural gestures to aid communication. When full understanding is doubtful, try writing notes.
18. When dining with a person who has trouble cutting meat or buttering rolls, offer to help. Explain to a person who has a visual problem where dishes, utensils, and condiments are located on the table.
19. Do not pet or otherwise distract dog guides; they are working and must not be distracted.
20. Be alert to the possible existence of architectural barriers in places you may want to enter with a person who has a disability. Watch for inadequate lighting, which inhibits communication by people who have hearing problems.

Applicant Signature _____ **Date:** ____ / ____ / ____

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VOLUNTEER DRIVER STATEMENT OF UNDERSTANDING & ATTESTATIONS

Please read, sign and date

1. I have a valid driver's license and I will provide a copy of my valid driver's license.
2. I will provide proof of coverage of my vehicle insurance. If my coverage changes or is canceled, I will immediately notify Interlink, Inc. of such changes or cancellations.
3. The rider being transported by a volunteer driver is a person who has been determined by Interlink, Inc. to have no appropriate means of personal transportation available. As we gather more information, their status may change.
4. The following minimum insurance coverage is required by the State in the Code of WA (RCW 46.29.090): \$25,000 bodily injury, each person: \$50,000 bodily injury, each accident: \$10,000 property damage.
5. I understand that I must meet these standards for motor vehicle insurance, policy, or bond. My personal insurance is the primary liability protection and must be issued by a company authorized to do business in my state of residence.
6. I have had no at-fault vehicle accidents or moving traffic violations in the past three years. I will notify immediately and provide Interlink, Inc. with a copy of:
 - a. An accident report in the event I am involved in a vehicle accident.
 - b. Any traffic citation that I may receive while this agreement is valid.
7. 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." If requested, I will provide a statement from my physician stating that I am capable of participating in this program.
8. I will protect the rider's right to confidentiality. I will also respect their right to pursue an independent lifestyle and be non-judgmental in my interactions with them.
9. I will not accept donations from riders for my own personal benefit, but will encourage riders to make any donation directly to Interlink, Inc.
10. I have been provided with information about Interlink, Inc., the purpose of the Volunteer Transportation Program, and my role as a driver and responsibilities.

Applicant Signature _____ **Date:** ____ / ____ / ____



Agreement on Nondisclosure of Confidential Information – Non-Employee

This form is for contractors and other non-DSHS employees.

CONFIDENTIAL INFORMATION

“Confidential Information” means information that is exempt from disclosure to the public or other unauthorized persons under Chapter 42.56 RCW or other federal or state laws. Confidential Information includes, but is not limited to, protected health information as defined by the federal rules adopted to implement the Health Insurance Portability and Accountability Act of 1996, 42 USC §1320d (HIPAA), and Personal Information.

“Personal Information” means information identifiable to any person, including, but not limited to, information that relates to a person’s name, health, finances, education, business, use or receipt of governmental services or other activities, addresses, telephone numbers, social security numbers, driver license numbers, other identifying numbers, and any financial identifiers or as otherwise identified in RCW 42.56.230.

REGULATORY REQUIREMENTS AND PENALTIES

State laws (including RCW 74.04.060 and RCW 70.02.020) and federal regulations (including HIPAA Privacy and Security Rules; 42 CFR, Part 2; 42 CFR Part 431) prohibit unauthorized access, use, or disclosure of Confidential Information. Violation of these laws may result in criminal or civil penalties or fines. You may face civil penalties for violating HIPAA Privacy and Security Rules up to \$50,000 per violation and up to \$1,500,000 per calendar year as well as criminal penalties up to \$250,000- and ten-years imprisonment.

ASSURANCE OF CONFIDENTIALITY

In consideration for the Department of Social and Health Services (DSHS) granting me access to DSHS property, systems, and Confidential Information, I agree that I:

1. Will not use, publish, transfer, sell or otherwise disclose any Confidential Information gained by reason of this agreement for any purpose that is not directly connected with the performance of the contracted services except as allowed by law.
2. Will protect and maintain all Confidential Information gained by reason this agreement against unauthorized use, access, disclosure, modification, or loss.
3. Will employ reasonable security measures, including restricting access to Confidential Information by physically securing any computers, documents, or other media containing Confidential Information.
4. Have an authorized business requirement to access and use DSHS systems or property and view its data and Confidential Information if necessary.
5. Will access, use and/or disclose only the “minimum necessary” Confidential Information required to perform my assigned job duties.
6. Will not share DSHS system passwords with anyone or allow others to use the DSHS systems logged in as me.
7. Will not distribute, transfer, or otherwise share any DSHS software with anyone.
8. Understand the penalties and sanctions associated with unauthorized access or disclosure of Confidential Information.
9. Will forward all requests that I may receive to disclose Confidential Information to my supervisor for resolution.
10. Understand that my assurance of confidentiality and these requirements do not cease at the time I terminate my relationship with my employer or DSHS.

FREQUENCY OF EXECUTION AND DISPOSITION INSTRUCTIONS

This form will be read and signed by each non-DSHS employee who has access to Confidential information and updated at least annually. Provide the non-DSHS employee signor with a copy of this Agreement and retain the original of each signed form on file for a minimum of six years.

SIGNATURE PRINT/TYPE NAME	NON-DSHS SIGNATURE	EMPLOYEE’S DATE
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MEDIA RELEASE
(Optional)

I, _____,

give my permission to use my name and image in the following formats for publicity or educational purposes by **Interlink, Inc.** I understand that all materials will remain the property of **Interlink, Inc.**, and I am not entitled to any compensation or payment for their use.

Audio Print Video Photograph Other

Signature _____ **Date:** ____ / ____ / ____