



myRide Driver Application

PRE-SCREENING PROCESS - MINIMUM QUALIFICATIONS

When a potential volunteer expresses interest in volunteering for the Santé Manitouwadge Health myRide Program, the volunteer should be advised of the minimum qualifications for the position. These minimum qualifications are as follows:

- All volunteer drivers must possess a valid Class G or higher Ontario Driver's License or a valid International License. A copy of your valid driver's license is to be kept on file with the myRide Coordinator.
- All volunteer drivers must be at least 19 years of age.
- All volunteer drivers must have a minimum of two years driving experience.
- All volunteer drivers must have no more than four (4) accumulated demerit points on their current driver's record.
- All volunteer drivers must be willing to complete a Criminal Reference Check and Drivers Abstract. Any cost will be reimbursed by Township of Manitouwadge with proof of receipt.

When a potential volunteer meets each of the above noted requirements, the volunteer will then be asked to complete a Volunteer Application. (Form1).



Ontario 



FORM 1 - myRide Volunteer Application

1. Name _____
Surname First

Address P. O. Box #

Telephone Number

2. Title by which you prefer to be addressed, if any
 Mr. Miss Mrs. Ms.

3. It is expected that volunteer drivers will assist clients by guiding them in and out of the vehicle, accompany clients to the door of their destination and may be requested to secure any loose assisted devices in the vehicle once the client is secured inside. The volunteer has the right to request assistance from family, friends, or nursing at pick-up and drop-off destinations. Do you feel comfortable performing these required duties?

Please explain: _____

4. Do you have a valid Ontario Driver's License? yes no

My Ontario Drivers License Number is _____

A copy of valid driver's license is to be kept on file with the myRide Coordinator.

5. Next of Kin to be contacted in case of emergency:

Surname First

Address

Telephone Number

6. Is there a time you are not available? Please Specify:



7. As part of the application process, one written personal reference is required. Please ask the referee to complete the attached Reference Form and return to the myRide Coordinator.

Please be advised that in order to be considered as a volunteer driver for the myRide Program, you must currently have no more than a maximum of four (4) Demerit points on your current driver's record.

You are also required to successfully complete a Vulnerable Sector Check.

I certify that to the best of my knowledge the above information is correct.

Volunteer's Signature

Date (dd/mm/yyyy)

myRide Coordinator



CLIENT CONFIDENTIALITY - Policy, Procedure, and Oath (FORM 2)

During the performance of his/her duties, a volunteer may become privy to personal information about the clients, the clients' family, and/or the Community Programs Services written and/or computerized files regarding the medical, emotional and personal well-being of the program's clients. The volunteer must agree to keep any such information in the strictest confidence. Volunteers will be required to sign the Manitouwadge Community Health Centre/Manitouwadge General Hospital Confidentiality Policy for Volunteers and Contractors.

When the volunteer is asked or notes that the client needs assistance beyond transportation, the volunteer is then required to inform the Community Programs Coordinator who will then contact the client to offer assistance.

If the volunteer believes that a client is in imminent physical risk to himself or others, the volunteer must immediately contact the Community Programs Coordinator. Clients are informed of this procedure when they become clients of the program.

SANTE MANITOUWADGE HEALTH POLICY AND PROCEDURE MANUAL		
DEPARTMENT:	PUBLIC PERSONNEL	POLICY/PROCEDURE NO.: IV-100
DISTRIBUTION:	HOSPITAL BOARD	DATE OF ISSUE: 19 03 1996
SUBJECT:	CONFIDENTIAL INFORMATION	REVIEWED DATES: 27 09 2011 08 08 2013
APPROVAL:	BOARD OF DIRECTORS	PAGE: 1 of 4

CONFIDENTIAL INFORMATION

Purpose

To ensure that all confidential information concerning the Hospital and its patients/clients/residents remains private and confidential.

Patients/clients/residents will hereinafter be referred to as "patient".



Policy

All information concerning patients and Hospital business is confidential and must be treated as privileged information. This includes patient information and employer information. Hospital personnel having access to the information must use it only for professional purposes. Confidentiality extends to everything Hospital personnel learn in the exercise of their duties. This information may be written, verbal or other form.

Only the Chief Executive Officer, or Chair of the Board or his/her designates may either release or authorize release to the public or to public authorities, information pertaining to any patient or to the Hospital operation.

Hospital personnel is defined as all employees and persons affiliated with the Manitouwadge General Hospital through Board or advisory committee membership, privileges, programmes, independent contractors and volunteers.

Procedure

1. All Hospital personnel working in the Hospital as staff, volunteers or as students will sign an Oath of Confidentiality which will be kept on record. In the case of employees, the Oath of Confidentiality will be kept on their personnel file.

The Human Resources Department is responsible for procuring the Oath of Confidentiality at the time of hire.

2. Any breach of this policy or misuse of Hospital or patient information by Hospital Personnel shall be reported to the person's superior and to the Chief Executive Officer.
3. Any Hospital personnel known to be responsible for a breach of this policy may be subject to disciplinary and/or legal action. Such action may include suspension, dismissal or cancellation of privileges, contracts and/or employment.
4. Hospital Department Leaders shall ensure that their Department personnel are specifically aware of their individual responsibility to protect the confidentiality of the Hospital and patient information.
5. To ensure consistency in Hospital statements, employees should not speak publicly on Hospital matters without prior approval from the Chief Executive Officer or designate.



FORM 2 - SANTE MANITOUWADGE HEALTH

OATH OF CONFIDENTIALITY for HOSPITAL PERSONNEL

(Board Policy IV-100: Confidential Information)

I, _____ have read the
Santé Manitouwadge Health Confidentiality Policy on confidential information. I understand that all information concerning patients and Hospital business to which I may have access is confidential, must be treated as privileged information, and must not be communicated except as outlined in Hospital or Department policy in the course of duty. I understand that any breach of this policy of confidentiality may be subject to disciplinary and/or legal action, including dismissal.

Signature	Date
Position	Witness

Note:

The term, “**Patient**” refers to patient, resident or client.

The term, “**Hospital Personnel**” refers to all employees or persons affiliated with the Santé Manitouwadge Health through Board or Advisory Committee membership, privileges, programs, independent contractors and volunteers.



FORM 3 - VOLUNTEER AGREEMENT

Driving Record

I understand to volunteer as a driver for the Santé Manitouwadge Health/ Township of Manitouwadge myRide Program, I must possess a valid Ontario Driver's license, class G or higher; my Ontario driver's must not have been suspended within three years from the date of application to volunteer for the program; my current driver's license must possess no more than four (4) accumulated demerit points. I agree to inform the Santé Manitouwadge Health myRide Coordinator immediately of any demerit points received at any time while I am a volunteer driver.

I understand that I must have a minimum of 2 years driving experience. I further understand that Santé Manitouwadge Health/ Township of Manitouwadge myRide Program will not accept an individual with a Graduated License.

Prescription / non-prescription medication / use of alcohol / controlled substance and smoking

As a volunteer driver, I agree to inform the myRide Program Coordinator if I am required to use any prescription/non-prescription medication that might impair my driving abilities. I understand that for my safety and the safety of Program's clients, I will be replaced until I am finished taking the medication.

I agree to refrain from smoking during the performance of my volunteer duties for the myRide Program.

I agree to refrain from drinking alcoholic beverages or the use of any controlled substance prior to and during the performance of my volunteer duties for the myRide Program.

Confidentiality

As a volunteer driver, I understand that I may be privy to personal information about the clients, the clients' family, from written or computerized files regarding the medical, emotional and personal well-being of clients. I agree that any information I obtain through my volunteer duties will be held in strict confidence.

However, should I believe that the client is in imminent physical risk to him/herself or to others, I will immediately contact the myRide Program Coordinator or designate and will follow direction from the Coordinator.

By signing this form, I agree that I will contact the Ministry of Transportation for the purpose of conducting a Driver Record Abstract and I understand that this information will be considered as part of the application process to be a volunteer driver with Santé Manitouwadge Health/Township of Manitouwadge.

Volunteer Applicant

Date

Director, Community Programs and Services



REFERENCE CHECK

Volunteers will be required to submit a personal or professional reference prior to acceptance as a volunteer with the Santé Manitouwadge Health /Township of Manitouwadge myRide Program.

Reference checks are completed to assist with the appropriate matching of volunteer with volunteer opportunities available. “Reference Check Forms (Form 4),” will be given to a volunteer, to have their reference complete and returned to the myRide Programs Coordinator.

All new volunteers will be given a package containing appropriate forms, instructions and a list of driver responsibilities.

Individuals who refuse to provide references or whose references are not satisfactory will not be accepted as volunteers for the Santé Manitouwadge Health/ Township of Manitouwadge myRide Program.



FORM 4 - REFERENCE CHECK FORM

I, _____ am completing the Reference Form for

_____, who has applied to be a volunteer driver for the myRide Program with Santé Manitouwadge Health/ Township of Manitouwadge.

I have known the applicant for _____ years.

I have known the applicant in the capacity of:

- Friend Neighbor Colleague Service Club Member
- Other Please specify: _____

The applicant has applied for a volunteer driving position with the myRide Program. Volunteer drivers provide transportation to frail and vulnerable individuals. This position requires someone who is courteous, patient, and reliable, who demonstrates excellent driving habits. Please comment on these qualities in addition to others you may feel will impact on the applicant’s suitability as a volunteer driver for the myRide Program with Santé Manitouwadge Health/ Township of Manitouwadge.

Print Name

Signature

Date

Please return the completed form to:

Courtney Atkins
 Interim Manager of Community Programs and Services
 Santé Manitouwadge Health
 1 Health Care Crescent
 Manitouwadge, ON POT 2C0

Thank you for completing this “reference check” form



FORM 5 - VOLUNTEER DRIVER ACCEPTANCE AND EXCLUSION

CONFIDENTIAL

myRide Program

Date: _____

Volunteer Name: _____

MyRide Coordinator: _____

RE: Driver acceptance /exclusion

1. It is the policy of Santé Manitowadge Health not to discriminate against our clients on any basis. At the same time, we recognize that as a volunteer, you may be uncomfortable driving clients with certain medical conditions. Please indicate your option:

I consent to drive clients with any medical conditions.

I wish to be excluded from driving clients with the following medical conditions:

Signature of Volunteer Driver

Date

(This form to be used only by the myRide Coordinator)



VULNERABLE SECTOR CRIMINAL RECORD CHECK

As of May, 2006 all new volunteers and employees are to obtain a Vulnerable Sector Check.

The Vulnerable Sector Checks are a precautionary measure implemented to determine whether persons providing services to vulnerable adults have a criminal history which could potentially make them unsuitable for certain positions of trust.

Vulnerable Sector checks will be required from:

- All new employees
- All new adult volunteers.
- All student volunteers.

Furthermore, confirmation of a clear Vulnerable Sector Check must be obtained annually.

Fees:

Any fees required from the police station for the receipt of a Criminal Record Check will be reimbursed by the Township of Manitouwadge. The volunteer will be reimbursed with proof of receipt from OPP.

Forms:

You must complete the attached application form consenting to a Vulnerable Sector Check. This form is to be completed and dropped off at the local Ontario Provincial Police Station located at 100 Manitou Rd. in Manitouwadge. A copy of the results of the Criminal Reference Check is to be given to the myRide Program Coordinator and will be kept in your volunteer file.



Ontario Provincial Police (OPP)
Manitouwadge (Marathon Detachment)
100 Manitou Rd
Manitouwadge, ON
POT 2C0

Subject: Volunteer - Vulnerable Sector Check

Date _____

_____ is required to complete a Vulnerable Sector Check in order to apply for a volunteer myRide driver position through The Township of Manitouwadge, in partnership with Santé Manitouwadge Health. The myRide Transportation Service provides transportation to the vulnerable population including the elderly, disabled, and/or those with special needs. Volunteer drivers use the handi-accessible myRide van to provide transportation to eligible clients for health and wellness related events and appointments locally.

Thank you,

Courtney Atkins
Interim Manager of Community Programs & Services/Family Health Team
Santé Manitouwadge Health
1 Health Care Crescent
Manitouwadge, ON POT 2C0
catkins@mfht.ca