



## Volunteer Driver Application

This application will be used to establish your eligibility as a volunteer driver for the RYDE Senior Transportation Program. The information you provide helps RYDE maintain the highest standards of safety and accountability.

### Driver Eligibility

In order to participate as a RYDE driver, you must have the following:

- A car
- A smartphone with a navigation application installed
- Auto insurance with coverage
- 18 years or older

To apply, please submit the following items:

- This completed and signed application and agreement
- Copy of your California Driver's License
- Copy of the cover sheet of your auto insurance policy showing the amount of coverage
- Copy of DMV driving record - can be obtained online at <https://www.dmv.ca.gov/portal/dmv/detail/online/dr>
- Background Check Permission Form and Live Scan

Please return the application packet to:

RYDE Program Coordinator c/o

**Saratoga Area Senior Coordinating Council**  
19655 Allendale Avenue  
Saratoga, CA 95070  
408-892-9739

**West Valley Community Services**  
10104 Vista Drive  
Cupertino, CA 95014  
669-220-0831



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The RYDE Senior Transportation Program is a partnership between the County of Santa Clara, VTA, and the cities of Campbell, Cupertino, Monte Sereno, Los Gatos, and Saratoga. Saratoga Area Senior Coordinating Council (SASCC) and West Valley Community Services (WVCS) as the operators are California non-profit 501(c)(3) organizations.

### PERSONAL INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Preferred Nickname \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone Number (cell phone required) \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ phone \_\_\_\_\_

Relationship \_\_\_\_\_

### PULL PROGRAM Enrollment

You are required to allow RYDE (WVCS, SASCC, the City of Morgan Hill, & the County of Santa Clara) to enroll you in the DMV Pull Notice Program. The Pull Notice Program (EPN) provides employers and agencies with a means of promoting driver safety through ongoing review of driver records. When a volunteer's driver's license is updated to record an action/activity, it is electronically checked to determine if a pull notice is on file. If the action/activity is one that is specified to be reported under the EPN program, a driver record is created and mailed to the agency.

\_\_\_\_\_ (initial here for Acceptance)



### DRIVER AUTOMOBILE INFORMATION

<b>Name</b>	
<b>Date of birth</b>	
<b>Driver's License #</b>	
<b>Expiration Date</b>	
Insurance Company	
Policy Number	
Effective Date	
Auto Year	
Make/Model	
Color	
<b>License Plate #</b>	
Vehicle ID #	
<b>Have you ever been convicted of a crime?</b>	Yes      No
If yes, please indicate whether a misdemeanor (other than traffic violation) or felony. Please explain, give date, place of conviction and explain circumstances	
<i>All driver application information is kept on file for the duration of the RYDE Senior Transportation Program.</i>	
<b>Volunteer &amp; Confidentiality Agreement / Signature</b> By submitting this application, I affirm that the facts set forth in it are true and complete. As a RYDE volunteer, I will agree to the following: 1) I will offer my time without monetary compensation for <b>at least 3 months</b> 2) I agree to conform to all of RYDE procedures and regulations 3) I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal, and 4) Finally, as a RYDE volunteer I understand it is imperative to protect the confidentiality of all information pertaining to any RYDE member, non-member or other volunteer or client associated with RYDE, including any unauthorized possession, use, copying, reading or disclosure of applicable records, ledgers or files.	
<b>Signature</b>	
<b>Date</b>	



## Code of Conduct:

- Drivers must not have any weapons in their possession or their vehicles
- Smoking is prohibited
- Drivers must conduct themselves in a professional, courteous manner toward passengers
- Inappropriate behavior between passengers or between passenger and driver is prohibited. Allegations of sexual misconduct, lewd behavior, or sexual harassment made by any client must be reported to County staff immediately. Should the RYDE and its partners (West Valley Community Services (WVCS), Saratoga Area Senior Coordinating Council (SASCC), The City of Morgan Hill, and the County of Santa Clara) receive notification that a driver or an employee of RYDE is allegedly involved in a criminal activity including, but not limited to, sexual misconduct, lewd behavior, or sexual harassment, RYDE shall notify the County immediately as well as local police.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## WAIVER OF LIABILITY & EXPRESS ASSUMPTION OF RISK

*(PLEASE READ CAREFULLY)*

I agree as follows:

1. I am volunteering my services to work as a driver for the RYDE Senior Transportation program.
2. I will perform assigned tasks that are within my physical capability, and I will not undertake tasks that are beyond my ability.
3. I will not participate if under the influence of alcohol or any drug that could impair my physical or mental abilities.
4. I am familiar with the safe operation and use of motor vehicles, and I will not undertake to use any motor vehicles with which I am unfamiliar or which I do not know how to operate safely;
5. I have received instruction regarding appropriate safety and emergency procedures, and I fully understand those instructions.
6. I will perform only those tasks assigned, observe all safety rules, and use care in the performance of my assignments.
7. I hereby acknowledge that the Senior Transportation Program is a service provided by WVCS, SASCC, The City of Morgan Hill, and the County of Santa Clara, and funded by Santa Clara County, FTA Section 5310, and Measure B. I hereby waive the right to make any claims against Santa Clara County, West Valley Community Services, Saratoga Area Senior Coordinating Council, City of Morgan Hill, or their officials, employees, and volunteers for any injuries, damages, charges or expenses, including attorney's fees which might be sustained as a result of my participation in this program.



8. I understand that driving involves certain inherent risks, including but not limited to, the risks of possible injury, or loss of life as a result of over-exertion or environmental conditions, including but not limited to, adverse weather, or dangerous terrain. Despite the risks, I still choose to participate in such activity.

9. I have no known physical or health limitation that prevents me from safely participating in these volunteer activities. In consideration for being allowed to participate, I personally assume all risks, whether foreseen or unforeseen, of any harm, injury or damage that may befall me as a participant.

10. If I am injured in the performance of the volunteer activities, I authorize any physician licensed in California to perform such emergency treatment as he or she believes, in his or her sole judgment, may be necessary. I am over the age of eighteen and legally competent to sign this liability release. I understand that the terms herein are contractual and not a mere recital, this instrument is legally binding, and I have signed this document of my own free act.

11.  For volunteers of West Valley Community Services only; I acknowledge that I have received a copy of the West Valley Community Services Volunteer Handbook. I understand that I am responsible for knowing and complying with the policies set forth in the Volunteer Handbook during my association with West Valley Community Services.

12. I understand that during my participation as a volunteer for WVCS, SASCC, the County of Santa Clara, or the City of Morgan Hill I may have access to sensitive or confidential information. This confidential information may include, but is not limited to: identity, address, contact information, race, disability status, and income information relating to recipients of RYDE. I understand that taking notes, copying records, or removing records is specifically prohibited. At all times during and after my participation, I will hold in confidence and will not disclose or use any such confidential information regarding other volunteers, donors, and those whom we serve, except as may be required by my duties as a volunteer for RYDE.

I hereby grant the West Valley Community Services (WVCS) Saratoga Area Senior Coordinating Council (SASCC), the City of Morgan Hill, and the County of Santa Clara permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration. I understand and agree that all photos will become the property of WVCS, SASCC, the City of Morgan Hill, or the County of Santa Clara and will not be returned.

I hereby irrevocably authorize WVCS, SASCC, the City of Morgan Hill, or the County of Santa Clara to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.



**I HEREBY RELEASE AND HOLD HARMLESS THE RELEASED PARTIES FROM ANY CLAIM OR LAWSUIT FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH, BY ME, MY FAMILY, ESTATE, HEIRS, OR ASSIGNS, ARISING OUT OF PARTICIPATION IN VOLUNTEER WORK ACTIVITIES, INCLUDING BOTH CLAIMS ARISING DURING THE ACTIVITY AND AFTER I COMPLETE THE ACTIVITY, AND INCLUDING CLAIMS BASED ON NEGLIGENCE OF OTHER PARTICIPANTS OR THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.**

**I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK AND I ALLOW RYDE TO ENROLL ME IN THE DMV PULL PROGRAM**

Printed Name of Participant \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_

Signature of Participant \_\_\_\_\_

Email \_\_\_\_\_

Date \_\_\_\_\_

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## Agency Driver/Volunteer Background Check Permission Form

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_ to obtain information pertaining to any charges and/or convictions I may have had for violation of municipal, county, state or federal laws.

This information will include, but not be limited to, allegations regarding, and convictions for, crimes committed upon minors. I understand that this information will be gathered from any law enforcement agency of this state or any state or federal government, or from third-party providers of information originally obtained from law enforcement or court records.

I understand that I will be given an opportunity to challenge the accuracy of any information received that appears to implicate me in criminal activities. To facilitate this challenge, I will be told the nature of the information and the agency from which it was obtained. It will be my responsibility to contact that agency to correct any inaccuracies.

As an agency driver/volunteer for \_\_\_\_\_, I hereby attest to the truthfulness of the representations I have made. Except as I have disclosed, I have not been found guilty of, or entered a plea of no contest or guilty to any offense. Further, other than for the offenses I have disclosed, I have not had a finding of delinquency or entered a plea of no contest or guilty to a petition of delinquency under the juvenile laws of this state or any other state.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
FULL NAME OF APPLICANT





## BACKGROUND CHECK LIVE-SCAN

**All drivers in the RYDE Program are required to undergo a background check. Please follow the instructions below for your background check.**

1. Go to – <https://www.sccgov.org/sites/sheriff/pages/livescan.aspx> and follow the link to make an appointment at the bottom of the page. You will find the specific directions and requirements for your appointment online.
2. When filling out the online appointment application you will need the following information;
  - ORI # CCLD A0448
  - Mark “Yes” to both DOJ and FBI check located at the bottom of the appointment application
  - Type of License/Certificate/Working Title: Adult Day Care
  - Authorized Applicant Type: Volunteer
  - Contributing Agency Information: CA DSS; PO Box 94244, Sacramento, CA 94244
  - Mail Code: 03502
  - Employer: Saratoga Adult Care Center
  - Address of Employer: 19655 Allendale Avenue, Saratoga, CA 95070
  - OCA #: 430708454