



## WeCAB VOLUNTEER APPLICATION

**Please check the Service Area(s) you are volunteering for:**

\_\_\_\_\_ **WeCAB Westonka**      \_\_\_\_\_ **WeCAB Carver County**      \_\_\_\_\_ **Both**

*WeCAB is committed to providing safe, quality volunteer driver service for our riders. WeCAB is a supplemental rider transportation service to be used when there are no other options.*

**Please complete this application. Please print.**

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (Home) \_\_\_\_\_ (Cell - required) \_\_\_\_\_ (Other) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_ Male \_\_\_\_ Female    Email address \_\_\_\_\_

**Please list a personal emergency contact person:**

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

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Other) \_\_\_\_\_

**Circle a phone number listed above to be used first for emergency call.**

**Release to use photos/videos for promotional purposes:** I understand that WeCAB may take photos/videos that may include me while I am participating in WeCAB activities. I hereby agree to allow WeCAB to use my image and name in any medium or form of distribution, and for whatever purposes, including promotional and advertising uses. Initial if OK \_\_\_\_\_ Initial to opt out \_\_\_\_\_

**VOLUNTEER AREA OF INTEREST (check all that interest you)**

- |  |  |
|--|--|
| <input type="checkbox"/> Administrative Assistance   | <input type="checkbox"/> Committee Participation |
| <input type="checkbox"/> Communications-PR-Marketing | <input type="checkbox"/> Volunteer Driver        |
| <input type="checkbox"/> Dispatcher                  | <input type="checkbox"/> Rider Registrar         |

**Please list your special skills, experience, interests, etc.**

This will enable us to match you to the areas you will feel most comfortable and be of most help to WeCAB.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Availability – Please list the times you may be available**

Monday	<input type="checkbox"/>	AM _____	PM _____	EVENING _____
Tuesday	<input type="checkbox"/>	AM _____	PM _____	EVENING _____
Wednesday	<input type="checkbox"/>	AM _____	PM _____	EVENING _____
Thursday	<input type="checkbox"/>	AM _____	PM _____	EVENING _____
Friday	<input type="checkbox"/>	AM _____	PM _____	EVENING _____
Saturday	<input type="checkbox"/>	AM _____	PM _____	EVENING _____
Sunday	<input type="checkbox"/>	AM _____	PM _____	EVENING _____

Willing to volunteer \_\_\_\_\_ weekly \_\_\_\_\_ monthly \_\_\_\_\_ occasionally

Are you willing to consider additional time if needed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are there extended periods of time you will be unavailable (vacations, snowbirds, etc.)? List those times below.

\_\_\_\_\_  
\_\_\_\_\_

**Preferred method of contact:**

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Email) \_\_\_\_\_

**Please provide the names and phone numbers of TWO personal references:**

1. First: \_\_\_\_\_ Last: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. First: \_\_\_\_\_ Last: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

*Office Use:*

WeCAB Signature \_\_\_\_\_ Date \_\_\_\_\_

Date entered into System \_\_\_\_\_



**WeCAB CONFIDENTIALITY AGREEMENT**

All WeCAB volunteers shall regard information about the individuals the program serves or any other information learned in the course of volunteering with WeCAB as confidential. Any discussion, disclosure of information, speculation regarding an individual receiving services from WeCAB, or other conversations relating to that individual is strictly prohibited. Information regarding client records, telephone conversations, family history or illness must never be communicated, with the exception of discussion necessary within the WeCAB program in order to provide exemplary service to individuals. Violation of this policy may be grounds for immediate dismissal.

Communication connected to an individual served by WeCAB to any outside person, care provider or agency must have written authorization and approval of the individual, authorized family member or the consent of the legal guardian. All requests will be treated as confidential client information. Requests for information must be forwarded to WeCAB’s Program Director.

To preserve individual privacy and encourage trust in WeCAB, employees and volunteers will take all possible measures to preserve the private nature of records relating to the clients served by WeCAB, including but not limited to:

1. Only authorized staff members shall have access to client records. Client records shall not be left in unattended areas available to the public. Under no circumstances may records be removed from the premises without the expressed permission of the Program Director, such permission being limited to the use of records in a legal proceeding and/or for medical conferences.
2. In the event of termination of a volunteer with WeCAB, the volunteer is required to return all proprietary and confidential information issued to, acquired or developed during the course of volunteering.
3. Inappropriate use of communication of confidential information that damages WeCAB in any way will be the responsibility of the volunteer and the volunteer will be held liable to the fullest extent of the law.

**RECEIPT, ACKNOWLEDGEMENT, and AGREEMENT TO  
WeCAB’s CONFIDENTIALITY AGREEMENT**

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

Print Name: \_\_\_\_\_

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



**WeCAB SEXUAL HARASSMENT AND DISCRIMINATION POLICY**

Approved by WeCAB Board of Directors, September, 2014

It is the policy of WeCAB to provide an environment free of harassment and discrimination. Therefore, all staff and volunteers are responsible for ensuring that the workplace, drivers and riders are free from any form of harassment or discrimination, which includes, but is not limited to: any inappropriate behavior based upon an individual’s race, veteran's status, color, religion, sex, age, sexual orientation, national origin, disability, marital status, veteran’s status or any other protected status. Discrimination would also include degradation of/or assignment to less desirable work or conditions based solely on the above mentioned classifications in a demeaning manner.

With WeCAB’s strong disapproval of such offensive or inappropriate sexual behavior, or discrimination while working or volunteering in any manner, all staff and volunteers must avoid any action or conduct which could be viewed as such.

This harassment also includes sexual advances, requests for sexual favors and other conduct of a sexual nature. Sexual harassment includes unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexually harassing nature, when: (1) submission to the harassment is made either explicitly or implicitly a term or condition of employment or volunteering; (2) submission to or rejection of the harassment is used as the basis for involvement decisions affecting the individual; or (3) the harassment has the purpose or effect of unreasonably interfering with an individual’s purpose for involvement or creating an intimidating, hostile, or offensive environment.

Any person involved with WeCAB who has a complaint of sexual harassment while driving, riding, or volunteering in any way, by anyone, including supervisors, co-workers, volunteers or visitors, should first clearly inform the harasser that his/her behavior is offensive or unwelcome and request that the behavior stop. If the behavior continues, the person offended must immediately bring the matter to the attention of the Director, or a member of the Board. If one of the above noted persons is involved in the harassing activity, the violation should be reported to another member of the Board or the Director.

If any of the above mentioned staff, Board, or volunteers knows of any incident of sexual harassment or discrimination, they shall take immediate and appropriate action. If the alleged harassment involves any types of threats of physical harm to the victim, the alleged harasser will be suspended immediately with an investigation conducted. If the investigation supports charges of sexual harassment, disciplinary action will be taken against the alleged harasser. If the investigation reveals that the charges were brought falsely, and with malicious intent, the charging party may be subject to disciplinary action, including termination of position, or use of our services.

**RECEIPT, ACKNOWLEDGEMENT, and AGREEMENT TO  
WeCAB’s SEXUAL HARASSMENT AND DISCRIMINATION POLICY**

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

Print Name: \_\_\_\_\_



**WeCAB INFORMED CONSENT**

**DISPATCHERS and DRIVERS: Please sign below and put in the date. Your signature authorizes WeCAB to perform a background check, which is required for both Dispatchers and Drivers. ONLY DRIVERS need to provide information of their Driver License, vehicle type and a copy of their insurance card OR the first page of their insurance policy, which is usually called the "Declarations" page.**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle (full) \_\_\_\_\_

Maiden, Alias or Former Name/s (if none, please write in NONE): \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Driver License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Restrictions? \_\_\_ Yes \_\_\_ No  
If yes, please explain: \_\_\_\_\_

Type of Vehicle you drive (please check all that apply): \_\_\_ Car (\_\_\_ 4-door or \_\_\_ 2-door)  
\_\_\_ SUV \_\_\_ Truck # of riders you can accommodate: \_\_\_\_\_

Auto Insurance Company: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**DRIVERS: You will need to attach a copy of your insurance card OR a copy of the first page of your insurance policy, which is usually called the "Declarations" page. Minimum coverage must be \$100,000 coverage/person and a minimum \$300,000 coverage/per accident.**

Do you have a medical condition that might inhibit you from performing the volunteer driver duties?  
\_\_\_ Yes \_\_\_ No If Yes, please explain \_\_\_\_\_

If a rider needs help with light duties such as carrying in groceries or folding a walker and lifting into a vehicle, are you able and willing to perform that task? \_\_\_ Yes \_\_\_ No If No, please explain \_\_\_\_\_

**Background check authorization:** I certify that the information I have given in this application is true and complete. I understand that submitting this application does not guarantee my acceptance as a WeCAB volunteer, and assignment of volunteer work is based on the needs of WeCAB. For the purpose of volunteering, I authorize WeCAB to perform a Motor Vehicle and Criminal Background check. I understand that information obtained may prohibit me from volunteering with WeCAB and that all information obtained will remain confidential with the WeCAB organization. My signature also authorizes reinvestigation of my background at any time during my volunteer/employment work with WeCAB.

**Signature of Applicant to authorize:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please email this 5-page application to [admin@wecab.org](mailto:admin@wecab.org) OR mail a paper copy to:**

**WeCAB  
5341 Maywood Rd.  
Mound, MN 55364**

**Volunteer DRIVER Applicants: Be sure to include a copy of your insurance information!**

**Thank you so much for volunteering for WeCAB.  
Without volunteers, WeCAB could not exist.**