

VA Medical Center, Chillicothe, OH

Volunteer Transportation Network Application Packet

Instructions:

** You will need to complete the Volunteer Application Packet along with this packet.

** Prior to beginning this Application Packet, please download the VTN Driver Manual, Patient Safety Awareness/Fleet Credit Card Training, and Safe Driving Basics/Driving Defensively from: <http://www.chillicothe.va.gov/giving/>

You will need to read the manual and review training documents prior to completing the volunteer driver's orientation tests.

- 1) Print this entire packet **(These forms cannot be saved as a completed application. It must be printed or all entered information will be lost).**
- 2) Please sign and date the DAV Volunteer Driver Statement of Understanding, Volunteer Driver and Van Orientations, and the Volunteer Transportation Network Certificate of Training. You will also need to review the "Safe Driving Basics-Driving Defensively" and complete the Review portion of this document and return with the application.
- 3) You can make an appointment to deliver this packet along with the Volunteer Application packet to Chillicothe VA's Voluntary Service by calling 740/773-1141, extension 7420. If you prefer to mail the packet, send to:

VA Medical Center
ATTN: Voluntary Service (135)
17273 State Route 104
Chillicothe, OH 45601

NOTE: You MUST have an appointment to be processed.

VTN VOLUNTEER DRIVER STATEMENT OF UNDERSTANDING

1. I understand that I will be covered under the Federal Claims Tort Act as a Transportation Volunteer only if the following criteria have been met:

- a. Must have completed a volunteer orientation with the Chief, Voluntary Service or designee.
- b. Must be listed on the volunteer roles at the Chillicothe VA Medical Center.
- c. Must sign the waiver of compensation on VA Form 10-7055, Application for Voluntary Service.
- d. Must provide the Voluntary Service office with a valid driver's license and ensure a current driver's license is presented to the Voluntary Service office upon each renewal.
- e. Must provide the Voluntary Service office with proof of motor vehicle bodily-injury liability and property damage, or personal insurance, AND provide updated information each time the policy is renewed.
- f. Must provide an Ohio Department of Motor Vehicles safe driving record.
- g. Must agree to refrain from making side trips (i.e., bank, grocery, lunch, laundry, etc.) while performing an assignment and must take the most direct route to and from the VA Medical Center. Must understand that coverage extends only to the period of performing an assignment and any accident(s) occurring while performing a "side trip" would NOT be covered.
- h. Must abide by policies, rules and regulations governing the Volunteer Transportation Network as discussed during volunteer orientation, including, but not limited to VHA Handbook 1620.1, Department of Veterans Affairs Voluntary Service Procedures; VHA Handbook 1620.2, Volunteer Transportation Network; and, VA Policy Memorandum 135-3, Volunteer Transportation Network.

2. Information pertaining to my status as a volunteer driver may be shared with concerned individuals outside of the VA (i.e., Veterans' Service Officers, Disabled American Veteran Commanders, etc.).

(Name)

(Date)

**VOLUNTEER DRIVER
ORIENTATION CHECK LIST**

ORIENTATION SUBJECT	REVIEWED? YES/NO
Use of Government-Owned Motor Vehicles (Policy Memo 138-12)	
Smoking in Transportation Vehicles	
DAV Transportation Network/Transportation Volunteers (Policy Memo 135-3)	
Van Operation Statement of Understanding (Off-Station)	
Riders Rule and Responsibilities	

Print Volunteer Name _____

Volunteer Signature

Date

(Original to be filed in volunteer's file)

County _____

VAN ORIENTATION

Chillicothe VA Volunteer Transportation Network

On _____ the following individual(s) was/were instructed on the material listed.

ITEM	INITIALS	DATE
ACCIDENT REPORTING		
REFUELLING PROCEDURES		
LOG DOCUMENTATION		
PASSENGER TRANSPORTATION		
DESIGNATED ROUTES		
VEHICLE CHECKOUT (DAILY)		
EMERGENCY PROCEDURES (PATIENTS)		
EMERGENCY PROCEDURES (VEHICLE)		
CALL-BACK NUMBERS		
CELL PHONE USAGE		

I HAVE RECEIVED TRAINING ON THE ABOVE POLICIES/PROCEDURES PERTAINING TO THE OPERATION OF THE LISTED VEHICLE.

Signature _____

Date _____

Print Name _____