



## ASC Volunteer Driver Program (Aging Services for Communities)

Thank you for considering becoming a volunteer for us.

We hope the following explains:

- The importance of your contribution
- The rewards you may find as a volunteer
- How to volunteer
- What to expect

## • Why is my contribution important?

### **Our elderly population is growing...**

Between 2000 and 2030, the 65 and over population will increase from 12.1 percent to 24 percent of the total state population (or about one in every four Minnesotans). That equals a doubling of the older population from 600,000 to 1.2 million. From 2000 and 2050, the 85 and older population will nearly triple from 90,000 to 250,000

<http://www.health.state.mn.us/divs/orhpc/pubs/healthyaging/demage.pdf>

### **They need your help.**

About one in five adults age 65 and older do not drive and nationwide each year, more than 600,000 persons age 70 and older stop driving. The decision to stop driving is difficult and many studies have found that it negatively affects older adults' psychological outlook.

Men will need to rely on alternative sources of transportation for about seven years and women will need the same for approximately 10 years after they stop driving.

[http://www.hennepin.us/files/HennepinUS/Research%20Planning%20and%20Development/Projects%20and%20Initiatives/Aging%20Initiative/OlderAdultsTransportation\\_Mobility\\_Research\\_Highlights.pdf](http://www.hennepin.us/files/HennepinUS/Research%20Planning%20and%20Development/Projects%20and%20Initiatives/Aging%20Initiative/OlderAdultsTransportation_Mobility_Research_Highlights.pdf)

In Minnesota, among older adults age 65-74, about 19 percent had disabilities; that rises to 36 percent for adults age 75-84. (2)

[http://www.mncompass.org/aging/#.UVzUmaKR\\_5Y](http://www.mncompass.org/aging/#.UVzUmaKR_5Y)

### **Low-income members of your community need help.**

Low-income households are less likely to own a car than other households due to the prohibitive cost of purchasing, insuring and maintaining a car, and public transportation may not provide sufficient options for their needs. Over 90 percent of public assistance recipients do not own a car.

[U.S. Federal Highway Administration and U.S. Federal Transit Administration, 2002 Status of the Nation's Highways, Bridges, and Transit](#)

### **Your State and County are required to provide non-emergency transportation**

Nonemergency medical transportation (NEMT) is a federally mandated benefit that enables Medicaid recipients to access covered health care services. The federal government requires states to provide NEMT assistance to the nearest qualified provider using the least expensive type of appropriate transportation. **Your participation fulfills a mandated service and saves taxpayer money**

## • **What benefits do I receive as a Volunteer?**

- **Be part of your community**

No man or woman is an island. We sometimes take for granted the community that we live in. As a volunteer, you certainly return to society some of the benefits that society gives you.

- **Motivation and sense of achievement**

Fundamentally, volunteering is about giving your time, energy and skills freely. Unlike many things in life there is choice involved in volunteering. As a volunteer you have made a decision to help on your own accord, free from pressure to act from others. Volunteers predominantly express a sense of achievement and motivation, and this is ultimately generated from your desire and enthusiasm to help. It may be true that no one person can solve all the world's problems, but what you can do is make that little corner of the world where you live just that little bit better.

- **Increase your cash flow!**

Volunteers receive 54 cents per mile expense reimbursement. This is within the IRS guidelines and is not reportable or taxable.

- **Volunteering helps you stay physically healthy.**

Volunteering is good for your health at any age, but it's especially beneficial in older adults. Studies have found that those who volunteer have a lower mortality rate than those who do not.

- **Boost your career options**

A survey carried out by TimeBank through Reed Executive showed that among 200 of the UK's leading businesses

- 73% of employers would recruit a candidate with volunteering experience over one without
- 94% of employers believe that volunteering can add to skills
- 94% of employees who volunteered to learn new skills had benefited either by getting their first job, improving their salary, or being promoted

- **Volunteering combats depression.**

Reducing the risk of depression is another important benefit of volunteering. A key risk factor for depression is social isolation. Volunteering keeps you in regular contact with others, allowing you to develop a solid support system that can protect you against stress and depression during challenging times.

## • **How do I apply to be a Volunteer?**

Contact Aging Services for Communities at (507) 364-5663 or download, complete and return the Volunteer Driver Application found on the following pages.

Volunteer applicants are expected to:

- Fill out an application
- Provide us a copy of your driver's license
- Provide us a copy of your auto insurance
- Give us permission to do a background check
- Must be willing to take a drug test

## • **What should I expect?**

You are completely in the driver's seat. Let us know when and where and how often you wish our dispatchers to call you. Some wish to only drive locally. Some prefer the longer trips to metro medical centers. Some wish to drive daily or weekly or monthly.

Our dispatcher calls you to arrange the transportation. In most cases, you will be called at least the day before you're needed. In some cases, the riders have a set appointment schedule and know that they need a ride every week/month.

**APPLICATION FORM**

AGING SERVICES FOR COMMUNITIES  
TRANSPORTATION PROGRAM  
212 1ST ST. SOUTH, PO BOX 7  
MONTGOMERY, MN 56069  
507-364-5663  
Email: [transportation@aging-services.org](mailto:transportation@aging-services.org)

NAME: (LAST, FIRST, MIDDLE) \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

DATE OF EXPIRATION: \_\_\_\_\_ WHAT CLASS OF DRIVER'S LICENSE DO YOU  
HAVE: \_\_\_\_\_

YOUR FULL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ Cell Number: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT PERSON & PHONE: \_\_\_\_\_

\_\_\_\_\_

HAVE YOU HAD ANY ACCIDENTS IN LAST 12 MONTHS, IF YES PUT DATE  
AND A BRIEF EXPLANATION: \_\_\_\_\_

\_\_\_\_\_

HAVE YOU HAD A DWI OR DUI IN THE LAST 5 YEARS?      YES   NO

ARE YOU ON SEIZURE MEDICATION?                              YES   NO

ARE YOU ON MEDICATION THAT WOULD IMPAIR YOUR DRIVING?

YES   NO

If you are on an anticonvulsive medication you are not eligible to be a volunteer driver for ASC. If once you are volunteering and the doctor prescribes an anticonvulsive medication or you have a seizure you are to notify ASC and remove yourself from being a volunteer driver.

DO YOU HAVE EXPERIENCE IN DRIVING FOR OTHER PROGRAMS OR BUSINESSES?

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YOUR MOTOR VEHICLE INSURANCE CARRIER, PHONE AND ADDRESS:

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AUTOMOBILE DESCRIPTION: MAKE AND MODEL: \_\_\_\_\_  
COLOR OF AUTOMOBILE: \_\_\_\_\_,  
LICENSE PLATE NUMBER: \_\_\_\_\_,  
DRIVER'S LICENSE NUMBER: \_\_\_\_\_,  
2 DOOR \_\_\_\_\_, 4 DOOR \_\_\_\_\_, VAN \_\_\_\_\_, TRUCK \_\_\_\_\_, CAR \_\_\_\_\_

CIRCLE DAYS OF THE WEEK AVAILABLE TO DRIVE: SUNDAY MONDAY  
TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

WHERE WOULD YOU BE WILLING TO DRIVE: IN COUNTY ONLY \_\_\_\_\_  
TO ROCHESTER \_\_\_\_\_ TO THE TWIN CITIES \_\_\_\_\_ OUT OF STATE \_\_\_\_\_  
TO MANKATO \_\_\_\_\_ ANY WHERE \_\_\_\_\_

\*\* PLEASE ATTACH A COPY OF YOUR INSURANCE FACE SHEET WITH THE TYPE OF INSURANCE AND THE AMOUNTS FOR LIABILITY/COMPREHENSIVE/COLLISSION (BY MINNESOTA LAW YOU ONLY HAVE TO CARRY LIABILITY). ASC'S EXCESS AUTOMOBILE LIABILITY INSURANCE BECOMES EFFECTIVE IF YOU CARRY \$50,000

***MY SIGNATURE GUARANTEES THAT THE INFORMATION ABOVE IS TRUE, AND THAT I WILL USE MY PERSONAL AUTOMOBILE IN VOLUNTEER SERVICE, I WILL ARRANGE TO KEEP IN EFFECT MY AUTOMOBILE LIABILITY INSURANCE, NOTIFY ASC IF I HAVE A SEIZURE, DWI OR START TAKING AN ANTICONVULSIVE MEDICATION AND LASTLY, I GIVE PERMISSION TO CONDUCT A BACKGROUND CHECK.***

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_