



# Volunteer Enrollment Form

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

### RSVP 55+ Volunteer Program

- Cycling Without Age Pilot
- Make the Ride Happen Driver
- ElderMatch
- TeleVisit volunteer

Other \_\_\_\_\_

### Community Volunteer (age 18-54)

- Cycling Without Age Pilot
- Make the Ride Happen Driver
- ElderMatch
- TeleVisit volunteer

Other \_\_\_\_\_

Full Name: \_\_\_\_\_  
Last First Middle Nick Name

Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Current place of Employment \_\_\_\_\_ Work Phone: \_\_\_\_\_

May we contact you at the work number? Yes No

Male \_\_\_\_\_ Female \_\_\_\_\_ Birth date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ (Required for accurate background check)

<p>Driver's License # _____ State _____ Expiration Date _____</p> <p>I carry the minimum liability insurance: \$25,000 for injury or death of one person; • \$50,000 for injury or death of two or more people; and • \$10,000 for property damage. Uninsured motorist coverage of at least \$25,000/\$50,000 each for bodily injury only is also mandatory. Initial _____</p>
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**You will be covered by supplemental accident and personal liability insurance plus a death benefit while performing volunteer duties.** This coverage is automatic and free of cost to you as long as you are an active volunteer of one of the above listed programs. An active member is one who reports volunteer hours at least every 6 months to the Volunteer Fox Cities.

My emergency contact: \_\_\_\_\_ Phone# \_\_\_\_\_

Beneficiary for insurance benefit: Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone(s): \_\_\_\_\_

### How did you learn about this agency? (Please check one)

- \_\_\_\_ Newspaper
- \_\_\_\_ Recruiting Fair
- \_\_\_\_ Poster Where? \_\_\_\_\_
- \_\_\_\_ Radio
- \_\_\_\_ Television
- \_\_\_\_ Family/friend \_\_\_\_\_
- \_\_\_\_ Counselor
- \_\_\_\_ Another Agency \_\_\_\_\_
- \_\_\_\_ At work (where?) \_\_\_\_\_
- \_\_\_\_ Another Volunteer \_\_\_\_\_
- \_\_\_\_ Yellow Pages
- \_\_\_\_ Other \_\_\_\_\_

**Due to our federal grant, we are required to report demographics to the Corporation for National and Community Service. Please complete the following.**

Are you a Veteran? \_\_\_\_\_ Are you an active military member? \_\_\_\_\_  
Are any of your family members active serving in the military? \_\_\_\_\_

Gender (check one) M F Other Marital Status: \_\_\_Single \_\_\_ Married \_\_\_Widowed \_\_\_ Divorced

Live Alone (check one) Yes No

Ethnicity/Race \_\_\_White \_\_\_African American \_\_\_American Indian or native Alaskan \_\_\_Asian  
\_\_\_ Hispanic or Latino \_\_\_Native Hawaiian or Pacific Islander Other \_\_\_\_\_

Are you fluent in a language other than English? \_\_\_ Yes \_\_\_ No Indicate which languages \_\_\_\_\_

Are you disabled? \_\_\_ Yes \_\_\_ No

Education: Grade School \_\_\_ HS \_\_\_ College \_\_\_ Graduate School \_\_\_

I hereby state that I am **55 years or older** and offer my services as a volunteer for the Outagamie/Calumet County RSVP 55 + Volunteer Program. Initial \_\_\_\_\_

**By signing this document I am stating that the information is true and that I agree to the following:**

- I understand that I am responsible to decline any volunteer activity or task that I may not be physically able to tolerate and I waive any liability to the Volunteer Fox Cities for injury.
- That if I use my personal automobile in my volunteer service, I will arrange to keep in effect my automobile liability insurance equal or greater to the minimum requirements of the State of WI. I will also keep in effect a valid Wisconsin Driver's License.
- I authorize the release of my name and application information to any agency where I may volunteer.
- I understand that a background check may be required and I authorize release of my information for that purpose.
- I understand that in my volunteer capacity I am required to keep both agency and client information confidential. I agree to protect this information to the best of my ability and not disclose it during or after my service as a volunteer has ended.
- I give permission for the Volunteer Fox Cities to use my picture in their publications.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Staff Member

\_\_\_\_\_  
Date

**To return form:** Volunteer Fox Cities, 2616 S. Oneida St., Suite 2, Appleton, WI 54915

Phone Number: 920-832-9360 • FAX Number: 920-832-9317 • E-mail: [rsvp@volunteerfoxcities.org](mailto:rsvp@volunteerfoxcities.org)

*Equal Employment Agency Volunteer Center of East Central WI (aka Volunteer Fox Cities) is an equal opportunity Agency. Enrollment is done without regard to race, color, religion, national origin, sex, age, or disability. RSVP provides reasonable accommodations to the known disabilities of individual in compliance with the Americans with Disabilities Act. For accommodation information or if you need special accommodation to complete this application process, please contact the Volunteer Fox Cities at 920-832-9360*

# Cycling Without Age

## Pilot Program Policies for Make the Ride Happen

Introduced at volunteer interview. Trained and reviewed during certification process.

### PILOT REQUIREMENTS

- Must have valid Wisconsin driver's licenses
- Must have car insurance (if they are towing the trishaw)
- Must have active status at Volunteer Fox Cities volunteer program. If they are 55 years of age or older, they qualify for RSVP and will receive a RSVP Handbook to explain the program and benefits.
- Must Have Valid Pilot certification and attend and complete Volunteer Training Certification with yearly renewal and online recertification.
- Must wear Cycling Without Age name tag/lanyard with pilot certification card showing.
- Commitment of volunteer time 2 times a month or 4 hours per month for one season (April – October).

### PILOT DISMISSAL FROM PROGRAM

- Pilot not following rules of the road.
- Pilot using inappropriate language.
- Pilot not using all safety measures.
- Pilot does not complete annual recertification.
- Pilot is smoking/vaping during ride or under the influence of illegal drugs or alcohol.

### REASONS TO REFUSE PROVIDING A RIDE TO PASSENGER

- Riders refuse to sign the liability forms.
- Riders are depending on the pilot for assistance in getting on and off trishaw. Note: Passengers must provide their own assistance when boarding or exiting the trishaw. Pilots are restricted from assisting passengers.
- Both passengers exceed weight capacity (weight check).
- Pilot feels weather is not appropriate to safely provide ride (MTRH must be notified when decision is made).

### CANCELLATIONS OF RIDES

- Cancellations and delays will be made at the discretion of MRH staff.
- Back up transportation will be provided based on MRH volunteer availability and will be scheduled based upon MRH policy.
- Pilots may cancel rides at their discretion based upon unsafe passenger concerns.

### EMERGENCIES DURING RIDE Emergencies (group)

- Refer to emergency procedures. Call 9-1-1 for any head bump, any bleeding, lack of consciousness even momentarily.
- Must have fully charged and working cell phone to make calls to 9-1-1 and MTRH.

# Cycling Without Age

## Pilot Program Policies for Make the Ride Happen

### HANDLING REQUESTS (group)

- For insurance and risk management purposes, the trip manifest must be followed. Any exception to this must be discussed and agreed upon by program management.

### TIPPING AND DONATION

- Pilots will be provided envelopes to hand to the passenger for donation purposes.
- Pilots are not allowed to accept monetary tips. An appropriate response in refusing a tip is "Thank you. I am so glad that you enjoyed today's ride. Donations made through use of this envelope, which will in part pay for the pilot appreciation program."

### PASSENGER GUIDELINES

- One Rider needs to be 60 years old or better.
- Rider needs to be able to safely transfer into trishaw without assistance from pilot.
- Rider must wear secured seatbelt/ harness at all times during the ride.
- Totes and bags must fit appropriate on rider's lap on seat if space is available.
- Rides are limited to what is on the manifest.
- Rider need to give timely notice of any cancellations of service.
- Riders must wear helmets and sign liability waiver; pilots are encouraged to wear helmets

### PASSENGER GRIEVANCES/CONCERNS

- Riders should contact MRH staff to report a rider's concern or grievance.
- MRH staff will screen the complaint or concern and gather information regarding the incident.
- MRH will evaluate concerns and will take action with parties involved, as they deem appropriate.

#### **Make the Ride Happen - 920-225-1740**

Staff

Holly Keenan - [holly.keenan@lsswis.org](mailto:holly.keenan@lsswis.org)

Shannon Zwitter [Shannon.Zwitter@lsswis.org](mailto:Shannon.Zwitter@lsswis.org)

#### **Volunteer Fox Cities - 920-832-9360**

Staff

Jan Sommerfeld [jan@volunteerfoxcities.org](mailto:jan@volunteerfoxcities.org)

# Cycling Without Age

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## Volunteer Consent and Waiver of Liabilities

Make The Ride Happen (a program of Lutheran Social Services of Wisconsin & Upper Michigan, Inc.), a licensee of Cycling Without Age, is creating extraordinary experiences by providing trishaw rides for individuals in our community which are piloted by volunteers.

My participation in this activity as a volunteer is purely voluntary and I elect to participate despite the risks. If I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.

Make The Ride Happen strongly recommends that I wear a bicycle or similar helmet while participating in this activity. If I do not follow the recommendation of Make The Ride Happen, I do so at my own risk.

I am aware that participation in this activity involves risks, dangers and hazards including, but not limited to: changing weather conditions; mechanical failure of bicycles; falls; loss of balance; difficulty or inability to control one's speed; variations in cycling terrain; and collisions. I am aware of the risks, dangers and hazards and accept and fully assume all such risks, hazards and dangers and the possibility of personal injury, property damage or loss resulting therefrom. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity.

I hereby waive any and all claims that I have or may in the future have against release Lutheran Social Services of Wisconsin & Upper Michigan Inc. ("LSS") and the Volunteer Center of East Central Wisconsin, Inc. ("Volunteer Fox Cities") and release LSS and Volunteer Fox Cities from any and all liability for any injury, loss, damage or expense, including death, that I may suffer as a result of my participation in this activity, due to any cause whatsoever, including negligence, and to hold harmless and indemnify LSS and Volunteer Fox Cities for any and all liability for any property damage, loss or personal injury to any third party resulting from my participation as a passenger in this activity.

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**Volunteer (Signature)**

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**Volunteer (Print Name)**

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Volunteer Decision Maker (Signature) (If Applicable)

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Volunteer Decision Maker (Print Name)(If Applicable)

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**Witness**

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**Date & Time**

## GUIDELINES

### Transporting Riders for Cycling Without Age During COVID-19 Pandemic

Dear volunteer pilot/rider:

Lutheran Social Services of Wisconsin and Upper MI-Make The Ride Happen recommends the following measures be followed while transporting our riders on the trishaw for Cycling Without Age:

When contacting rider/volunteer pilot prior to the ride, MRH staff will ask the following questions:

- 1) Are you or anyone in your household experiencing any of the following symptoms: fever, dry cough, shortness of breath or difficulty breathing?
- 2) Are you or anyone in your household experiencing two (2) or more of the following symptoms: chills, repeated shaking with chills, muscle pain, headache, sore throat and/or new loss of taste or smell?
- 3) Have you had prolonged close contact (<6 feet & >15 minutes) with someone who has COVID-19 within the last 14 days?
- 4) Have you or anyone in your household been tested and/or diagnosed with COVID-19 in the past 14 days?

If any answers to the questions is "Yes," encourage the rider/pilot to seek appropriate medical attention. You should not provide services to the individual at this time. Call our office at **920-225-1719** to report to MRH staff.

During this COVID-19 pandemic, Cycling Without Age has developed the following protocols for volunteer pilots when transporting clients:

- Volunteer pilots should arrive an additional 10 minutes earlier to allow for sanitizing and ride preparation procedures related specifically to COVID-19.
- Before beginning the ride, ask your passenger the screening questions listed above.
- Each ride will be limited to one passenger.
- Practice proper social distancing.
- MRH staff will ensure you have proper Personal Protective Equipment (PPE), including hand sanitizer, masks and wipes, as well as a method of disposal (e.g. garbage bag) for used PPE.
- Volunteer pilot/MRH staff will clean and sanitize the trishaw according to cleaning supply manufacturer requirements before and after the client enters and exits.
- Use disinfectant wipes/spray on the following:
  - Tri-shaw hand bars
  - Shifter
  - Seat belts
  - Bench seat
  - Handles
  - Bike Pump

- All controls (brakes, etc.)
  - All flat surfaces and anything else that could be touched
- Volunteer pilot and rider will wear PPE, including masks.
- Volunteer pilot and rider will use hand sanitizer when starting the ride.
- Volunteer pilot will be encouraged to wear his or her own bike helmet during the ride.
- When the rider uses MRH helmet, MRH staff will sanitize the helmet according to manufacturer's recommendations. Example: Lysol spray.
- Dispose of all trash in proper receptacle.
- Limit length of the trip whenever possible.

*Updated 9/3/2020*