



SCHOHARIE REGION UNITED METHODIST CHURCHES

DRIVE UMC

Are you willing to voluntarily provide transportation to an older adult in need?

Many elderly in the Schoharie Region have no means of transportation and the Schoharie County Office for the Aging currently has no volunteers to help!

The Older Adults Focus Group worked for months with Nancy Dingee, Director of the Schoharie County Office for the Aging to formulate a program for volunteers to provide non-medical transportation to those in need. Non-medical transportation means for situations such as grocery shopping, traveling to see a friend, attending church services, keeping a hair or barber appointment, visiting a relative in the hospital or nursing home, etc. Many, many people have no way to accomplish these activities without asking a friend or relative.

We are launching this program under a new name “Drive UMC.” Since there are currently no volunteers in this program, we as United Methodists have an opportunity to shape this into a ministry of our regional churches. Do you want to join our inaugural fleet of DriveUMC?

Just 5 simple requirements to become a volunteer driver:

- 1. Be willing**
- 2. Complete the Volunteer Driver Parameters form** (attached)
- 3. Complete the Volunteer Intake Information form** (attached)
- 4. Read and sign the Statement of Confidentiality** (attached)
- 5. Meet with the staff from the Office for the Aging for brief training**

The Schoharie County Office for the Aging will do all the coordinating once they have a list of volunteers and will make every effort to see that no volunteers are burdened by their offer to volunteer. Volunteers get to set their own parameters for when they might be available, how much notice they need, where they will travel, etc. (The Office for the Aging stresses the need to have each volunteer give careful consideration for what they are willing and not willing to do and then set their parameters accordingly. Volunteer drivers receive no compensation and will operate under their own auto insurance liability.

Please complete the following volunteer forms and return to Pastor Anna at
107 Chapel Street, Suite 1
Cobleskill, NY 12043

If you have questions, please call Pastor Anna at 518-414-0078



**SCHOHARIE REGION DRIVE UMC
VOLUNTEER PARAMETERS FORM**

NAME: _____

ADDRESS: Street: _____
City: _____
Zip Code: _____

BEST PHONE NUMBER TO CONTACT ME: _____

DRIVERS LICENSE NUMBER: _____

AUTO INSURANCE COMPANY: _____

WHAT ARE WILLING TO DO? (Use more space on back to explain, if needed)

What days are you willing to drive? ☐ Any day
☐ Only on _____

What hours are you willing to drive? ☐ Anytime
☐ Only between _____

I am willing to drive people for (circle all that apply): hair or barber
appointments, grocery shopping, banking, community events, visiting friends,
other (explain) _____

The area(s) I am willing to drive in are: (check all that apply)

- ☐ Anywhere in Schoharie County
☐ Both in and outside Schoharie County
☐ Only in the _____ area(s)

If you are willing to drive outside of Schoharie County, are you willing to drive to: (check all that apply)

- ☐ Albany ☐ Schenectady
☐ Cooperstown ☐ Cooperstown
☐ Stamford ☐ Palatine Bridge
☐ Other (explain: _____)

How much notice do you need? ☐ Same Day is OK
☐ One day notice
☐ Two days preferred
☐ Other (explain) _____

What other information would you like to tell us?

Schoharie County office for the Aging

VOLUNTEER INTAKE INFORMATION

DATE _____ STAFF DOING INTAKE _____

VOLUNTEER'S NAME: _____

ADDRESS: _____

TELEPHONE # _____ SOC.SEC.# _____

E-MAIL ADDRESS: _____

DRIVER'S LICENSE NUMBER: _____ STATE _____

OCCUPATION _____

NAME YOU WOULD LIKE OFA STAFF TO CALL YOU _____.

LIST PREVIOUS VOLUNTEER EXPERIENCE:

ACTIVITY	LOCATION

PLEASE LIST YOUR SPECIFIC TALENTS, SKILLS AND INTERESTS:

IN WHAT AREA ARE YOU MOST INTERESTED IN VOLUNTEERING?

EMERGENCY CONTACT

NAME _____

ADDRESS _____

PHONE# _____ (H)

_____ (W)

EMERGENCY CONTACT

NAME _____

ADDRESS _____

PHONE# _____ (H)

_____ (W)

STATEMENT OF CONFIDENTIALITY

As a volunteer of the Schoharie County Office for the Aging and/or the Schoharie County Council of Senior Citizens, Inc., and/or any of the subsidiary organizations, (Experience Works, Title V), I understand that I may be involved in personal client issues.

My volunteer activities may involve me in the discussion of clients, reviewing, retrieving, collecting written data, communications, and information of a personal nature.

I further understand that this information must be controlled and handled in a strictly confidential manner.

All written information is the sole property of the Schoharie County Office for the Aging, and/or Schoharie County Council of Senior Citizens, Inc., its subcontractors and subsidiaries. Accordingly I will not release, divulge, discuss or otherwise use this information except as required in my work assignment. This information shall only be disseminated to immediate supervisor and/or staff authorized by work assignments.

I understand that I will jeopardize my volunteer status if confidentiality is not maintained.

Volunteer

DATE

WITNESS

DATE