

**Humboldt Transit Authority
Volunteer Program
June 1, 2022**

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Purpose, Intent, and Scope

The Humboldt Transit Authority's Volunteer Program establishes procedures and direction to staff and volunteers addressing the following topics:

- Benefits
- Recruitment
- Application and Screening
- Job Descriptions
- Selection and Appointment
- Driving
- Supervision
- Orientation and Training
- Service Time
- Incidents, Injuries, and Illnesses
- Release from Services
- Record Keeping

It is the Humboldt Transit Authority's intent to utilize volunteers to:

- Enhance our services for the public
- Maintain stability in the regular workforce
- Supplement, not replace, the existing and future workforce for ongoing and project specific assignments
- Gain additional expertise
- Promote cost savings
- Provide support to programs and processes where funding is lacking
- Give members of the community an opportunity to work and have input into the operation of their government

This program applies to volunteers that report to all Humboldt Transit Authority's departments and divisions.

Volunteer Benefits

Humboldt Transit Authority aims to provide a safe and healthy environment for all volunteers. If a volunteer is injured in the course of his or her service it is important that he or she notify his or her supervisor immediately. Volunteers should also complete the Volunteer Incident Report of Physical Injury or Property Damage (Attachment A) and submit the report to his or her supervisor.

The Governing Board of the Humboldt Transit Authority has passed a resolution to provide employee workers' compensation benefits to an agency volunteer when the individual renders services to the Humboldt Transit Authority where:

- The Humboldt Transit Authority has control and direct supervisory responsibility over the manner and the result of the services rendered.
- The volunteer receives no remuneration for such services other than meals, transportation, lodging, or reimbursement for incidental expenses.
- The volunteer does NOT belong to any of the following categories:
 - Receives remuneration for services rendered from a non- Humboldt Transit Authority payroll (Example: visitors or guests on a per diem travel allowance)
 - Is sponsored by an outside agency and provides services through that sponsoring agency (Example: Red Cross volunteers)
 - Is a guest of the Humboldt Transit Authority
 - Acts as a registered disaster service worker volunteer

Volunteer Liability

The Humboldt Transit Authority liability benefits extend to volunteers while rendering services within the scope of their responsibilities and under the supervision of the agency. The Volunteer Protection Act of 1997 provides that no volunteer of a nonprofit organization or governmental entity is liable for harm caused by the volunteer on behalf of the entity when certain requirements are satisfied. The Humboldt Transit Authority will ensure all the requirements are satisfied to limit the volunteer and agency exposure.

Program Procedures

Recruitment

Volunteers will be proactively recruited by the Humboldt Transit Authority in order to broaden and expand volunteer involvement in the community. Volunteers may be recruited either through an interest in specific functions or through a general interest in volunteering that the Humboldt Transit Authority will try to match with a specific function.

Application & Screening

All potential volunteers are required to complete and submit to the Human Resource Manager a Volunteer Application form (Attachment B). Forms are located at the Human Resources Department.

The following screening procedures will apply to **all** potential volunteers who will provide on-going volunteer services (as opposed to one-day large special event volunteering such as community clean-up days):

- All potential volunteers are to complete a background check. Additional screening methods may be required and will be administered in accordance with Humboldt Transit Authority existing practices and laws.
Note: Potential volunteers have the right to refuse to be fingerprinted; however, individuals who exercise this right may not be allowed to perform volunteer services for Humboldt Transit Authority.
- If fingerprinting is required, a Request for Live Scan Service (Attachment C) will be provided by the Human Resource Manager all potential volunteers and have them schedule their appointment by an approved provider.
- The Humboldt Transit Authority will cover the cost of screening.
- Volunteers will be provided a copy of, and are subject to, the same drug and alcohol policies as Humboldt Transit Authority employees.
- Volunteers who work with children will receive training regarding requirements for mandatory reporting of suspected child abuse or neglect.
- A volunteer may not begin his or her position until all screening results have been received and cleared by the Human Resource Manager.

Job Description, Risk Assessment & Application

- Each department will complete a Volunteer Job Description (Attachment D) and a Volunteer Job Risk Assessment (Attachment E) for each volunteer position.
- Each potential volunteer will be provided a copy of the volunteer job description, volunteer job risk assessment, and volunteer application and asked to sign each form.
- Each executed form is forwarded to the Human Resource Manager for filing.
- Once a volunteer has been accepted, he or she will receive a copy of the each form.

Selection and Appointment

- Each department has the option to interview and conduct reference checks of their potential volunteers.
- Each department has the option to accept or decline a potential volunteer's services.
- If a department chooses to decline the service of a potential volunteer, the department is to notify the Human Resource Manager. The Human Resource Manager will notify the potential volunteer that a department is unable to use his or her services. If appropriate, the potential volunteer may be referred to another department for volunteer services.
- Prior to the commencement of volunteer services, Humboldt Transit Authority must have the results of the background checks, and training must be completed by the volunteer. In addition, the Volunteer Agreement (Appendix F) and Emergency Contact form (Appendix G) must be executed.

Volunteers Driving

- Volunteers who drive either personal or Humboldt Transit Authority owned vehicles during the course of their volunteering are required to have a valid California driver's license with classification consistent with the vehicle(s) to be driven. The Human Resource Manager will obtain and keep on file a copy of the volunteer's driver's license.
- Volunteers who drive a personal vehicle during the course of their volunteering are required to maintain personal automobile liability coverage limits that comply with the state of California statutory requirement. The Human Resource Manager will obtain and keep on file a copy of the volunteer's current proof of liability insurance.
- Any damages to the volunteer's personal vehicle or damages to other property that is caused by the volunteer while operating his or her personal vehicle are the responsibility of the volunteer.
- The Humboldt Transit Authority reserves the right to cancel a volunteer's driving privilege at any time without prior notification.

Supervision of Volunteers

- Each volunteer will have a clearly identified supervisor who is responsible for direct management and day-to-day supervision of that volunteer.
- An adult must supervise volunteers under the age of eighteen (18) years.

Orientation and Training

- When a volunteer has been selected for hire with a Humboldt Transit Authority department or program, they will participate in an orientation program designed to inform volunteers about the Humboldt Transit Authority's policies, procedures, programs, and regulations.
- Each volunteer will be included in the Humboldt Transit Authority's risk management and safety programs and be informed and trained on safe work practices and programs applicable to their job duties. Specific department and job task training will be provided by the supervisor.
- All training shall be documented in a manner consistent with existing agency record-keeping policies and procedures.

Reporting Volunteer Service Time

Each Department will provide a written volunteer monthly report (Attachment I) to the Human Resource Manager documenting:

- The total number of volunteer workers who performed services in that month
- The total number of hours performed
- The number of new volunteer workers enrolled during the month
- The number of volunteers released from service

Reporting Volunteer Incidents, Injuries, and Illnesses

The Humboldt Transit Authority provides for treatment of work-related injuries incurred by volunteers under the agency's worker's compensation program. If an injury occurs:

- During Normal Business Hours: ensure the volunteer is out of immediate danger and notify the volunteer's supervisor. If the supervisor is not available, contact the Human Resources Department at (707) 443-0826 ext 106.
- After Normal Business Hours: if the volunteer's supervisor is not available, a message should be left advising them of the injury as well as notifying the Human Resources Department at (707) 443-0826 ext 106.
- If medical treatment is needed, the volunteer should be directed to either of the following Hospitals:
 - St. Joseph's Hospital
2700 Dolbeer Street
Eureka, CA 95501

 - Mad River Community Hospital
3800 Janes Road
Arcata, CA 95521
- If a minor is injured, the same protocol should be followed with the addition of immediately contacting the minor's parent/guardian. See the Volunteer Application (Attachment B) for contact information.
- It is the responsibility of the supervising department to complete the workers' compensation injury packet and Supervisor's Report of Accident and forward both to Human Resources within two hours.

Release from Service

A volunteer may be released from service at any time. Volunteers who do not adhere to the rules, policies or regulations of the Humboldt Transit Authority; fail to perform their assignments satisfactorily; or are participating in activities that are no longer required are subject to release from service. The Humboldt Transit Authority reserves the right to request a volunteer leave immediately and no prior notification is necessary to release a volunteer of his or her services. If a department believes a volunteer's behavior warrants immediate release, they have the authority to release the volunteer from service.

Record Keeping

All records regarding volunteer service shall be maintained for five years.

Attachment A

Volunteer Incident Report of Physical Injury or Property Damage

Remember to:

- If appropriate, call 911
- Secure information to complete this form
- Take multiple PHOTOGRAPHS of scene and property damage

Incident Involves (select one or both): Physical Injury Property Damage

Date & Time of Incident		Location of Incident		Weather	
Injured Person 1	Name, address and Phone No.			Describe Injury	
Volunteering at time of injury? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Injured Person 2	Name, address and Phone No.			Describe Injury	
Volunteering at time of injury? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Ambulance Called <input type="checkbox"/> Yes <input type="checkbox"/> No	First Aid Given <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe First Aid or Other Action Taken			
Property Damage	Owner's Name and Address			Phone Number(s)	
List/Describe Property Damage				Estimate Amount of Damage or Loss if Known:	
Police Called <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Report No.				
Witness 1	Name, address and Phone No.				
Witness 2	Name, address and Phone No.				
Description of Incident					
Cause of Incident (if known):					
Description of corrective measures or assistance (if any) taken or implemented:					
Report Filed by	Volunteer's Name and Phone No.				Date
Report Reviewed by	Supervisor's Name and Phone No.				Date

Attachment B

Humboldt Transit Authority Volunteer Application

PLEASE PRINT

Applicant Name:

(Last)

(First)

(MI)

Volunteer Position:

Address:

(Street)

(City)

(State)

(Zip Code)

Phone Number:

(Home)

(Work)

(Mobile)

Email Address:

For volunteers under the age of 18, please provide:

Parent/Guardian Name:

(Last)

(First)

(MI)

Address:

(Street)

(City)

(State)

(Zip Code)

Phone Number:

(Home)

(Work)

(Mobile)

Email Address:

Why you are interested in this position:

Education: Please check levels completed; fill in major or area of emphasis:

<input type="checkbox"/> High School/ GED	<input type="checkbox"/> Bus./Tech. School _____
<input type="checkbox"/> A.A. _____	<input type="checkbox"/> B.A./B.S. _____
<input type="checkbox"/> M.A./M.S. _____	<input type="checkbox"/> Ph.D. _____

Please check the skills and experience you have and would like to use:

<input type="checkbox"/> Public speaking/presentation	<input type="checkbox"/> Teaching/training	<input type="checkbox"/> Running errands/delivery
<input type="checkbox"/> Typing, data entry, clerical	<input type="checkbox"/> Writing/editing	<input type="checkbox"/> Mechanical skills
<input type="checkbox"/> Customer relations/service	<input type="checkbox"/> Researching/grants	<input type="checkbox"/> Fire service experience
<input type="checkbox"/> Drawing, designing, drafting	<input type="checkbox"/> Computer operations	<input type="checkbox"/> EMS experience
<input type="checkbox"/> Television, radio, media	<input type="checkbox"/> Photography	<input type="checkbox"/> Law enforcement experience

Attachment C

Request for Live Scan Service

A copy of this form can be found here:

https://oag.ca.gov/sites/all/files/agweb/pdfs/fingerprints/forms/BCIA_8016.pdf

	STATE OF CALIFORNIA BCIA 8016 (orig. 04/2001; rev. 01/2011)	DEPARTMENT OF JUSTICE
REQUEST FOR LIVE SCAN SERVICE		
		Print Form Reset Form
Applicant Submission		
ORI (Code assigned by DOJ)		Authorized Applicant Type
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)		
Contributing Agency Information:		
Agency Authorized to Receive Criminal Record Information	Mail Code (five-digit code assigned by DOJ)	
Street Address or P.O. Box	Contact Name (mandatory for all school submissions)	
City State ZIP Code	Contact Telephone Number	
Applicant Information:		
Last Name	First Name	Middle Initial Suffix
Other Name (AKA or Alias) Last	First	Suffix
Date of Birth Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Driver's License Number	
Height Weight Eye Color Hair Color	Billing Number	(Agency Billing Number)
Place of Birth (State or Country) Social Security Number	Misc. Number	(Other Identification Number)
Home Address Street Address or P.O. Box	City	State ZIP Code
Your Number: _____	Level of Service: <input type="checkbox"/> DOJ <input type="checkbox"/> FBI	
OCA Number (Agency Identifying Number)		
If re-submission, list original ATI number: (Must provide proof of rejection)	Original ATI Number	
Employer (Additional response for agencies specified by statute):		
Employer Name	Mail Code (five digit code assigned by DOJ)	
Street Address or P.O. Box		
City State ZIP Code	Telephone Number (optional)	
Live Scan Transaction Completed By:		
Name of Operator	Date	
Transmitting Agency LSID	ATI Number	Amount Collected/Billed
ORIGINAL - Live Scan Operator SECOND COPY - Applicant THIRD COPY (if needed) - Requesting Agency		

Attachment D

Humboldt Transit Authority Volunteer Job Description

Department/Division/Program:

Position Title:

Reports to:

This Position Requires: Driver license Background check Fingerprinting
 Use of Humboldt Transit Authority vehicles to perform task
 Use of private vehicle to perform task

Purpose/Goal of Position:

Qualifications/Skills/Certifications Needed:

- 1.
 - 2.
 - 3.
 - 4.
-

Duties/Responsibilities:

- 1.
 - 2.
 - 3.
 - 4.
-

Time Commitment:

Length (months):

Hours per day:

Days per week:

Or month:

Training Provided:

Worksite Name/Location:

Phone:

Contact for More Information:

Phone:

(Volunteer Signature)

(Date)

(Supervisor Signature)

(Date)

Attachment E

Humboldt Transit Authority Volunteer Job Risk Assessment

Volunteer Job/Task: _____ Department: _____

Work Location: _____ Assessment Date: _____

Driver License Required? Yes No

Ability to Lift 25 lbs. Repeatedly? Yes No

Minimum Age (specify): _____

Check left column to show potential hazards of this volunteer position

Outdoor Hazard Source	Personal Protection Required	Necessary Training
<input type="checkbox"/> Bites: snakes, dogs, insects	Protective clothing, footwear, gloves	Hazard specific training
<input type="checkbox"/> Heat Stress: heat stroke, exhaustion, or dehydration	Ventilation, heat resistant clothing, water to replenish lost fluids	Recognition of heat stress signs
<input type="checkbox"/> Sun Exposure: skin cancer or vision damage	Sunscreen, brimmed hat, ultraviolet eye protection and protective clothing	Sun hazard awareness
<input type="checkbox"/> Driving: injury to vehicle occupants from collision	Seat belts	Defensive driving
<input type="checkbox"/> Traffic: injury to workers from motor vehicle traffic or heavy equipment	Proper footwear, hard hat or eye protection, orange safety vest, traffic cones, signs and flares	Traffic control, working around heavy equipment
Indoor Hazard Source	Personal Protection Required	Necessary Training
<input type="checkbox"/> Office Equipment: paper cutters, shredders, file cabinets, computer screens or keyboards	Proper footwear and clothing for office	Safe operations specific to equipment, RMI prevention
Indoor or Outdoor Hazard Source	Personal Protection Required	Necessary Training
<input type="checkbox"/> Hand Tools: powered or unpowered	Proper footwear, clothing and eye protection	Safe hand tool use, RMI prevention
<input type="checkbox"/> Footing Traction: slippery, uneven or unstable walking surfaces/terrain	Proper footwear	Slips, trips and falls protection
<input type="checkbox"/> Ladders: freestanding or fixed	Proper footwear, safety tie offs, bracing	Ladder safety
<input type="checkbox"/> Elevated work surfaces: falls from height	Fall protection, proper footwear	Slips, trips and falls
<input type="checkbox"/> Noise: noise from machinery/equipment	Hearing protection	Hearing conservation
<input type="checkbox"/> Body Position/Leverage: strenuous or repetitive lifting, carrying or pulling	Back brace, lifting and carrying aids such as hand trucks, dollies or slings	Safe lifting and carrying, back safety awareness
Regulated Hazard Source	Personal Protection Required	Necessary Training
<input type="checkbox"/> Chemicals: gases, vapors or liquids that when inhaled, ingested or touched can cause injury or illness	Protective clothing, gloves, glasses/goggles, if indicated, appropriate respirator	SDS, fire extinguisher, chemical specific handling, hazardous materials training
<input type="checkbox"/> Bio-waste: bodily fluids or OPIM	Gloves, face and eye protection	Bloodborne pathogen training

Additional Hazards:

(Volunteer Signature)

(Date)

(Supervisor Signature)

(Date)

Attachment F

**HUMBOLDT TRANSIT AUTHORITY
VOLUNTEER SERVICE AGREEMENT**

I _____ agree to serve as _____.
(Name of Volunteer) (Title of Job – Job Description Attached)

I understand my volunteer services will start on _____ and are anticipated to last until _____.
(Anticipated Termination Date)

My schedule will be: _____ from _____ to _____.
(day/s of week) (Time) (Time)

I understand the Humboldt Transit Authority has the right to release me from service prior to the anticipated service termination date.

I further understand failure to adhere to the Humboldt Transit Authority's policies and procedures may result in immediate release from volunteer service.

As a volunteer for the Humboldt Transit Authority, I agree to:

1. Perform the duties as specified in the attached volunteer job description.
2. Report to work on time and as scheduled.
3. Immediately notify my supervisor if I am unable to meet my shift commitment.
4. Immediately report to my supervisor volunteer work-related injuries and illnesses.
5. Immediately report to my supervisor any safety concerns or observed unsafe conditions/behaviors.
6. Follow the instructions provided by my supervisor.
7. Perform my duties in a respectful and appropriate manner.
8. Refrain from horseplay.
9. Adhere to the Humboldt Transit Authority's policies and procedures.
10. Maintain confidentiality.
11. Attend all required training.
12. Give adequate notice before terminating my volunteer services.
13. _____
14. _____

Signed: _____ Date: _____
(Volunteer)

Signed: _____ Date: _____
(Parent/Guardian)

Signed: _____ Date: _____
Human Resource Manager

Attachment G

**EMERGENCY CONTACT FORM
FOR VOLUNTEERS**

List two people to notify in the case of an emergency. For volunteers under the age of 18 years, list at least one parent/guardian as one of the two emergency contact people.

Name: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: (H): _____ (W) _____
(M) _____

Name: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: (H): _____ (W) _____
(M) _____

Attachment H

California Department of Motor Vehicles – Employer Pull Notice Program
Authorization for Release of Driver Record Information

DMV Form INF 1101

PDF fillable form available at

<https://www.dmv.ca.gov/portal/dmv/detail/vehindustry/ept/eptformlist>



A Public Service Agency

EMPLOYER PULL NOTICE PROGRAM
AUTHORIZATION FOR
RELEASE OF DRIVER RECORD INFORMATION

I, _____, California Driver License Number, _____,
hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving
record, to my employer, _____
COMPANY NAME

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at
least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension,
revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code
(CVC) Section 1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my
driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

EXECUTED AT: CITY	COUNTY	STATE
_____	_____	_____
DATE	SIGNATURE OF EMPLOYEE	
_____	X	

I, _____, of _____
AUTHORIZED REPRESENTATIVE COMPANY NAME

do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of
this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am
requesting driver record information on the above individual to verify the information as provided by said individual. This
record is to be used by this employer in the normal course of business and as a legitimate business need to verify information
relating to a driving position not mandated pursuant to CVC Section 1808.1. The information received will not be used for any
unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal
Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five
thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I
understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to
CVC Sections 1808.45 and 1808.46.

EXECUTED AT: CITY	COUNTY	STATE
_____	_____	_____
DATE	SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE	
_____	X	

To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program
you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website
at www.dmv.ca.gov/otherservices, or by calling 916-657-6346.

THIS FORM MUST BE COMPLETED AND **RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND
MADE AVAILABLE UPON REQUEST TO DMV STAFF.**

DO NOT RETURN THIS FORM TO DMV.

Clear Form Print

Attachment I

Humboldt Transit Authority's Volunteer Monthly Report

Department Name: _____

Department Head: _____

Month/Year of Report: _____

Complete for all department volunteers:

Name: _____

Hours Volunteered: _____

Total: _____

Volunteers new to the department for the month of _____

Name: _____

Name: _____

Name: _____

Volunteers leaving the department for the month of _____

Name: _____

Name: _____

Name: _____

Department Head Signature

Date