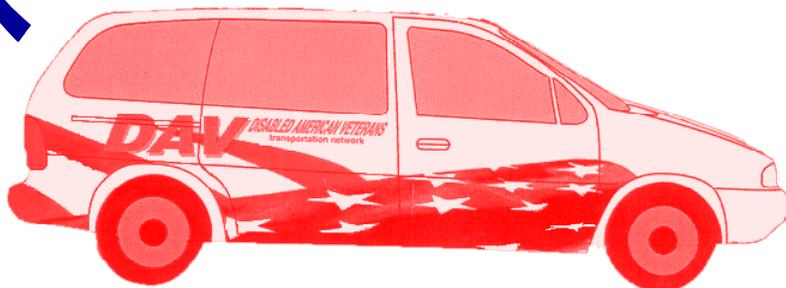


# DAV Driver Handbook



VISN 2  
VA Medical Centers  
Albany-Syracuse-Bath-Canandaigua-Buffalo

*Leading Health Care In The 21st Century*



# VOLUNTEER DRIVER HANDBOOK

## FOREWORD

This booklet is designed to assist the new VA volunteer driver in carrying out assigned duties more effectively. This booklet provides you with an overview of your role and responsibilities as a volunteer with the Veterans Integrated Service Network 2 Disabled American Veterans Voluntary Transportation Network (VISN 2 DAV VTN). Many questions will have to be worked out with your supervisor at the volunteer work site once you have begun your assignment.

VA volunteers are valuable members of the Medical Center team functioning under the direct supervision of a staff member. Volunteers do not replace paid personnel but will perform many useful services that are beyond the scope of the regular staff.

For whatever reason an individual decides to volunteer at a VA Medical Center, whether for school credits, community service, practical work experience, or a sense of patriotism and respect of this nation's veterans, the rewards for such service are endless. Volunteers are our greatest patient advocates, providing program support and a wealth of new and innovative ideas.

As a VA volunteer, you will have the opportunity to provide necessary and worthwhile assistance to the patients and staff. You can also gain valuable experience, a deeper consciousness of the responsibility of helping others and the satisfaction such service brings.

The information included on the following pages is designed to assist you in becoming familiar with the VA Medical Center and with Voluntary Service.

Sincerely,  
Your VISN 2 VA Voluntary Service Team!

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DISABLED AMERICAN VETERANS

P.O. Box 14302 H Cincinnati, Ohio 45250-0301 H Phone 441-7300 H FAX  
(606) 442-2090

## Fact Sheet

### THE DAV TRANSPORTATION NETWORK

**The Problem** -- In the spring of 1987, the Veterans Administration (VA) stopped reimbursing veterans for the costs of transportation to and from the VA medical centers. The move was made necessary by Congressional budget cuts, and thousands of war veterans were left stranded and cut off from proper medical care. Many were seeking treatment for service-connected disabilities. Nearly all of the rest were poor and had no other health care resources to depend on.

**The Need** -- Many disabled veterans live on small fixed incomes, often many miles from the nearest VA medical facility. They must rely on private transportation. Paying their own travel costs is a tremendous hardship when every dollar is required for shelter and food. In some instances, veterans have given up trying to seek the medical care they need and earned. They feel abandoned, left with no choice to suffer in silence.

**The DAV Solution** -- Immediately upon hearing of the benefit cuts, the Disabled American Veterans -- the DAV -- began organizing a nationwide Transportation Network. There are Hospital Service Coordinators (HSCs) covering transportation programs at more than 180 VA medical facilities and Outpatient Clinics. These DAV HSCs assemble corps of volunteer drivers and match them up with disabled veteran's hospital transportation requests, providing half a million rides to veterans annually.

The DAV is providing the VA with a large number of vans for transportation of disabled veterans. When the need was great, the DAV jumped in and provided a total solution. We're providing the drivers, we're providing the vans where needed, and we're providing the employees needed to coordinate the program.

**The Result** -- No individual who has served our country and sacrifices a limb, eyesight or good health should be denied proper medical care just because he or she can't reach a VA facility. No veteran should have to sacrifice food, or money, or be required to cut down on living expenses. Nor should vets have to neglect their health because they can't afford to pay for transportation.

Our Transportation Network is saving thousands of veterans from such sacrifices. It's one more example of how the DAV responds -- effectively and thoroughly -- when veterans need help.

**You Too Can Help** -- If you'd like to be a volunteer driver in our Transportation Network, or if you need the services of our volunteer drivers, please call your nearest VA medical facility and ask for the DAV Hospital Services Coordinator

REV. 4/96

**Question: Is there any protection for a DAV Department of Veterans Affairs Voluntary Service (VAVS) volunteer who is involved in an accident and has a claim filed against him or her?**

**Answer:** *The Federal government will protect a VAVS volunteer against liability claims under a law known as Federal Tort Claims Act (FTCA), provided certain conditions have been met.*

**Question: What conditions must be satisfied in order for a VAVS volunteer to be covered under the provisions of the FTCA?**

**Answer:** *The volunteer must be a documented VAVS volunteer. The VA has determined that VAVS volunteers will be protected as Federal employees under the FTCA as long as they are performing a specific “VAVS approved assignment.” If a VAVS volunteer were not performing a specific “VAVS approved assignment,” coverage would not be available under FTCA.*

**Question: What is a “VAVS approved assignment?”**

**Answer:** *A “VAVS approved assignment” is a VA sanction, VAVS activity authorized by the Chief of VAVS or by the DAV HSC, who has a without compensation (WOC) appointment and has been delegated responsibility for this function by the VA.*

**Question: When would a VAVS volunteer not be considered to be performing a “VAVS approved assignment” and, therefore, not protected by the FTCA?**

**Answer:** *If it is determined that a VAVS volunteer was not engaged in official government business at the time of the accident, FTCA coverage will not be available to the VAVS volunteer.*

**Question: What are some instances where a VAVS volunteer would not be protected under the FTCA for a negligent act because he was not acting within the scope of his “assignment?”**

**Answer:** *If a VAVS volunteer deviates from the specific “VAVS approved assignment” of a transportation route to run an errand, makes a side trip to visit someone, engages in any activity primarily for personal profit, or is driving while impaired by drugs or alcohol, it is highly unlikely that the FTCA would cover such negligent acts in these or similar situations.*

**Question: Suppose the VAVS volunteer, while on a “VAVS approved assignment,” is asked by the veteran to run an errand for the veteran or a member of the veteran’s family, such as buying groceries or going to the Post Office to pick up mail?**

**Answer:** *If VAVS volunteers do not want to risk losing liability protection under the FTCA, they should decline to run errands not a part of their “VAVS approved assignment.” Bottom line- you must not run errands under any circumstance!*

**Question: In transporting a veteran to and from a VA medical facility, which route should transportation VAVS volunteer use?**

**Answer:** *The VAVS volunteer should take the most direct route, unless the transportation assignment directs otherwise.*

**Question: How can VAVS volunteers ensure that the protections provided by the FTCA will be available to them?**

**Answer:** *By following their specific written "VAVS approved assignment" and restricting their activities to carrying out that assignment.*

**Question: Should a VAVS volunteer continue to carry personal liability insurance to cover a situation where the VAVS volunteer might not be given the protection of the FTCA?**

**Answer:** *Yes, it is always a good idea for VAVS volunteers to carry personal liability insurance to cover all of their personal driving needs, including time spent engaged in DAV transportation Network activities. This is especially so since the final decision as to whether the protection of FTCA applies is made by the Department of Justice and the courts. Volunteers should check with their insurance agent to be certain that adequate coverage will be provided by their individual insurance policies should the need arise.*

**Question: Is a VAVS volunteer entitled to compensation in the event of injury or death while on a "VAVS approved assignment?"**

**Answer:** *Under the Federal Employees Compensation Act (FECA), a VAVS volunteer is entitled to compensation and medical services for personal injury or death incident to the VAVS volunteer's assignment. However, the benefits of this Act are only available to VAVS volunteers who are determined to be on official government business as a VAVS volunteer.*

**Question: What steps should be taken by a VAVS volunteer if involved in an accident while on a "VAVS approved assignment?"**

**Answer:** *The VAVS volunteer should assist any veteran or other injured party in obtaining any necessary first aid or medical attention. Also, regardless of who may be at fault, the VAVS volunteer should promptly notify the DAV Hospital Service Coordinator and appropriate VA personnel of the accident, furnishing a written report (SF91) to them containing the full details and circumstances of the accident.*

**Question: What information or advice should a VAVS volunteer give to any of the parties involved in any such accident?**

**Answer:** *The VAVS volunteer should not give any information except that which may be required by state law. No legal advice, opinions or any other type of statement should be given. Otherwise, not only could the legal interests of the VAVS volunteer be seriously jeopardized, but also those of the VA and the DAV. The volunteer should, however, identify himself or herself as a VAVS volunteer.*

3/97

### **The DAV Voluntary Transportation Network Van Rules**

Travel benefit restrictions leave many vets with no way to get to Department of Veterans Affairs (VA) medical facilities for needed treatment

They're men and women who answered our country's call. Many lost limbs, sight, hearing, or good health. They may live a great distance from a VA hospital. And so many exist on small fixed incomes, finding the cost of transportation to a VA hospital is just too high.

They're left with two choices. They could go without the treatment they need, or skimp on food or other necessities to pay for transportation.

Veterans disabled in our nation's service should never face such dire options. So DAV and volunteers responded by driving vets to and from VA hospitals and clinics. Other grateful Americans are helping too.

It's all part of the DAV Transportation Network, administered by DAV Hospital Service Coordinators (HSCs) at the VA's 172 medical centers. The DAV has also donated vans, where needed, to make the program work.

**All DAV van drivers are volunteers and do not receive payment for the services they provide.**

### **The VA and the DAV National Headquarters - have established the following Rules and Regulations:**

- The DAV van driver is not to lift or attend medically to any patient
- The DAV van driver is only permitted to stop the van for rest stops and/or emergencies and to pickup and discharge passengers. Passengers should not request the driver to make side trips to take care of their personal business.
- Passengers are not permitted to smoke, chew tobacco, drink alcohol, use foul language or bring weapons, drugs, or any illegal substance on the van. Further, the van driver may not provide transportation to any veteran who is intoxicated, abusive or poses a threat to the driver or other passengers on the van.
- Passengers should not engage in any activity that will distract the driver's attention.
- Passengers should wear seat belts at all times. Any passenger refusing to buckle-up will be denied transportation on the van.
- All trash must be placed in the proper trash receptacle
- Individuals other than the veteran will be permitted to ride in the van with the veteran in only two cases. Any exceptions to this policy must be authorized by the patients attending physician:
  1. A veteran's spouse who has a "Spouse Permission to Travel" slip from the patients doctor, or
  2. A caregiver who is authorized by the VA to provide the veteran with "Aid and Attendance"
- Patients being discharged or granted passes may be transported on a DAV van during the van's trip back to its home city only if space is available. The patient must be ready to leave when the van departs the VA Medical Center.
- Patients should be dressed and ready to leave for the hospital at the time specified. The driver cannot wait for patients. It is the responsibility of the veteran or his/her family member to contact the DAV HSC as soon as possible regarding appointment cancellations or changes

- Only articles small enough to be held on the veteran's lap or put under the seat will be transported in the DAV van.
- The driver may refuse to transport any veteran who he feels is too ill to ride the van, or the driver may request a written statement from a VA physician stating it's permissible for the veteran to travel.
- Patients utilizing the DAV Transportation Network will not be eligible to receive reimbursement for travel expenses (M-1, Part 1, Chapter 5).

## Volunteer Drivers and Vehicle Usage

1. PURPOSE: To establish Network policy governing Volunteer Drivers, the acceptance and use of donated vehicles, and the management of the Disabled American Veterans Volunteer Transportation Network (DAV VTN) program.
2. POLICY: VISN 2 recognizes the establishment of a Volunteer Transportation Network (VTN) to provide needed transportation for Veterans seeking services from a VA facility and/or an authorized facility. VTN guidelines permit volunteer participation in providing transportation to Veterans using government-owned vehicles, including donated vehicles, county vehicles, DAV Department or Chapter vehicles, public transportation or contracted transportation. VTN provides transportation to VA medical facilities and offices for Veterans and their caregivers for clinical appointments who have no other means of transportation. Use of personally owned vehicles (POV) by volunteers for transporting Veterans is prohibited.

### 3. RESPONSIBILITIES:

A. The VA Medical Center Director assigns VA Voluntary Service (VAVS) overall program responsibility. Voluntary Service is responsible for:

1. Requesting driver's license and completion of Physical Fitness Inquiry for Motor Vehicle Operators OF 345 (or its equivalent) initially for all VTN drivers and as required thereafter. Updated documentation will be kept on file in the volunteer's personnel file in the Voluntary Service Office.

2. Ensuring that all volunteers are provided with a copy of the VISN 2 VTN Position Description and the N2 DAV Driver Handbook.

3. Securing identifying apparel with the VAVS logo, through appropriated funding, and disbursing to all volunteer drivers

B. Safety Officer or other designated Service or Position will ensure:

1. Defensive Driving Training is provided to volunteer drivers at stations where a trainer is available.

2. All VA owned vehicles utilized in the VTN program adhere to applicable CARF standards.

C. Employee Health will provide:

1. Physical examinations and/or health screenings for volunteer drivers that parallel the physical examinations and health screenings required for wage-grade van drivers.

2. Physical examinations will be accomplished initially for all volunteer drivers, and re-evaluated as required or if indicated.

#### 4. PROCEDURES:

A. DAV VTN and other volunteer drivers are regularly scheduled volunteers whose assignment is specifically stated as providing transportation to Veterans in the community. In most cases government-owned vehicles that have been donated for this program are utilized for this purpose.

B. DAV VTN and other volunteer Drivers must meet the following criteria:

1. All Drivers must provide proof of safe driving record [Note: other than a safe driver record may be cause for denial of appointment as a volunteer driver], and a valid driver's license. All documentation must be kept in the volunteer's personnel file in the Voluntary Service Office. The volunteer must inform the Hospital Service Coordinator (HSC) and the Voluntary Service Manager of any moving violations, traffic accidents and/or any other pertinent information throughout the volunteer's term of service.

2. Sign the waiver of compensation on the Application for Voluntary Service.

3. Receive required employee physicals and health screenings that parallel the standards of wage-grade van drivers at the local facility.

4. Complete a volunteer orientation with the Volunteer Program Manager, or designee, including a complete finger printing and background check.

5. Receive all training required by the Voluntary Service, Police Service, and other departments, as deemed appropriate. Volunteer drivers will attend or view a VA sponsored Defensive Driving Training/Review annually *or* provide proof they have received such training at an alternative location from a certified instructor.

C. Specific assignments may be made to volunteer drivers by the DAV HSC, or designee, or the Volunteer Program Manager, or designee. VA staff may contact the DAV HSC Office when transportation is required. Every attempt will be made by the DAV HSC staff to make the necessary arrangements as soon as possible. At times, DAV VTN and other volunteer Drivers may not be available and service to the Veteran will be delayed. In such instances, community-based Veterans who require transportation assistance may personally contact local DAV chapters for assistance in making suitable arrangements. Appropriate personnel must submit the names of the Veterans to the Beneficiary Travel Clerk upon arrival on station. Veterans utilizing the Volunteer Transportation Network will not be eligible for travel funds.

DAV VTN and other volunteer Drivers are considered "without compensation employees" within the purview of the Federal Tort Claims Act (FTCA). Therefore, while they are acting in the scope of their employment, they are afforded the protection of

FTCA. This coverage extends only to the period in which they are performing the assignment. For this reason, it is highly recommend that DAV VTN drivers obtain and maintain personal liability and/or automobile insurance. Depending on the individual policy coverage, should the driver be found "out of scope" in the case of an accident

that results in a claim of liability and/or personal liability, auto insurance could act as an extra measure of protection. In the case of an “in scope” accident, the driver is fully covered under the FTCA. The DAV VTN driver’s Position Description defines “in scope” authorization. DAV VTN and other volunteer drivers are prohibited from making side trips while in the performance of their assignment and are expected to take the most direct route to and from the VA medical facility.

D. DAV VTN and other volunteer Drivers must record their hours on the assignment sheet or VSS Computer Kiosk. They may record the time from the beginning of the assignment until completion of the assignment.

E. DAV VTN and other volunteer Drivers must wear their photo ID badge at all times, and wear their VTN identifying apparel as appropriate to identify themselves as volunteers for the Volunteer Transportation Network.

F. Vans donated for the purpose of the VTN will not be used for any purpose other than transporting a patient to a VA approved appointment. The primary purpose of Veteran transportation will be for medical appointments. Donated vans will not be utilized by the DAV Hospital Service Coordinator or volunteer drivers to drive from home to the VA or from VA to home, nor be utilized to transport HSC’s from one worksite to another while performing HSC duties. Donated vans will not be utilized for fund raising; parades, or travel to and from conventions/meetings or any other purpose that does not involve transporting a Veteran to a VA approved appointment. Vans are authorized to transport Veterans to Stand-Downs where they will receive medical screenings and services but will not be used to attend planning meetings or transport equipment or supplies.

G. Vans are authorized to transport a Veteran to the NY Regional Office for a scheduled appointment.

H. At facilities where local DAV Chapters are active, the Chapter should establish a process to receive donations toward the purchase of future vans. VAV encourages and supports fundraising events by Service Organizations as appropriate to support this program. Vans donated to a specific VA station become the property of that station, and should not be transferred or utilized by other stations unless permission has been obtained from donors through Voluntary Service.

I. Vans may be outplaced from VA Medical Centers to Community Based Outpatient Clinics (CBOC) or other secured areas such as government agencies. Vehicles out-placed are intended to increase productivity and efficiency as well as reduce travel for volunteer drivers. Vans will not be secured overnight at volunteers’ personal residences for morning departures.

5. REFERENCES: VHA Handbook 1620.1, 1620.2, N2 DAV Driver Handbook.
6. RESCISSIONS: Network Memorandum 10N2-149-13, dated July 12, 2015.
7. FOLLOW-UP RESPONSIBILITY: Voluntary Service.

8. AUTOMATIC RESCISSION DATE: September 14, 2018.

//Original Signed//  
Darlene A. DeLancey, MS  
Interim Network Director

DISTRIBUTION: VISN 2 Medical Centers  
VISN 2 Care Line Managers  
VISN 2 Web Site

## **DAV VAN OPERATION COORDINATOR/VOLUNTEER MEMORANDUM OF UNDERSTANDING**

DAV drivers/coordinators must adhere to established procedure for operation, maintenance, control, and accountability in the operation of the **DAV donated/VA owned van** for transportation of veterans in association with delivery of medical care at the Department of Veterans Affairs (VA) Medical Centers. This agreement between the Disabled American Veterans (DAV) and the VA Medical Center is established to promote a delineation of responsibility and accountability.

1. The operation of the van shall be governed by VA regulation and applicable state laws.

2. The van shall be stored in a secure location agreed upon by both parties, (preferably a local government facility such as a police, fire station, etc.).

3. Vehicles will be operated by certified volunteers under the direction of the DAV; however, drivers must be physically capable of performing the tasks related to vehicle operation. A **certified driver** is a driver who **holds a valid state drivers license and received a physical examination or has been cleared to drive by Employee Health and has the** physical capabilities to operate a vehicle. VA will verify the existence of valid driver's license through appropriate law enforcement agencies.

4. Maintenance of the vehicle will be the responsibility of the VA and will be directed by the Chief Engineering Service, VA Medical Center. Inspections and maintenance will be under his/her direction and may warrant temporary removal of the vehicle from service.

5. Credit cards will be provided for minor emergency repairs, fuel, and routine maintenance. This credit card will be controlled by the Off-Station Transportation Coordinator and reviewed by his/her immediate supervisor the DAV Hospital Services Coordinator.

6. Operators and the DAV Transportation Coordinators will be responsible for maintaining complete trip tickets and detailed logs of vehicle use. Vehicle logs and credit purchase records must be submitted promptly on schedule to prevent extra charges. Operators shall not be required to operate the vehicles for extended periods of time, generally intermittent operation for an eight-hour period.

7. Replacement of the vehicle, one determined to be **"Not Road Worthy"** and **"Beyond Economical Repair"** by the Chief, Engineering, will be the responsibility and at the discretion, of the DAV. If the vehicle is judged beyond economical repair or not road worthy, the DAV shall have the option to have the vehicle transferred to the original donor.

DAV VAN OPERATION  
COORDINATOR/DRIVER MEMORANDUM OF UNDERSTANDING

8. The VA will provide mobile telephone service to the vehicle, which shall be for **official use only**.

9. Passengers shall at no time exceed the number of available seats and/or seatbelts of the vehicle.

10. Off-Stationed vans will be used exclusively to transport patients for medical center appointments and treatments.

Vehicle will be stored at \_\_\_\_\_  
\_\_\_\_\_ when not in use.

I understand the rules discussed in this Memorandum of Understanding and agree to adhere to them.

\_\_\_\_\_  
Print Volunteer Name

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Off-Station Transportation Coordinator

\_\_\_\_\_  
Hospital Services Coordinator

\_\_\_\_\_  
Voluntary Service Manager /Designee

VISN 2 VOLUNTEER TRANSPORTATION NETWORK

VOLUNTEER POSITION DESCRIPTION

TRANSPORTATION VOLUNTEER DRIVER

Transportation Volunteer Drivers are regularly scheduled volunteers whose assignment is specifically stated as providing transportation to veterans in the community. Transportation Volunteer Drivers will primarily utilize government-owned vehicles, including donated vehicles, for the purpose of veteran transportation. VTN Guidelines also permit volunteer participation in providing transportation to veteran using the volunteer's privately-owned conveyance. Volunteers utilizing their personal vehicles will provide this service without compensation from VA, the veteran patient and/or a service organization.

The Transportation Volunteer Driver is responsible for:

- (1) Providing Voluntary Service and DAV with proof of a safe driving record, a valid driver's license and current automobile or private insurance if a POV is used, and informing HSC of any changes related to current automobile or private insurance and safe driving record.
- (2) Signing the waiver of compensation on the Application for Voluntary Service, completing SF 78 Certification of Medical Exam and SF 93 Report of Medical History, and completing a volunteer orientation with the Volunteer Program Manager, or designee.
- (3) Receiving required training and as required employee physicals and health screenings that parallel the standards of wage-grade van drivers at the local facility.
- (4) Carrying out the assignment as outlined.
- (5) Providing a vehicle in good working condition (with proper vehicle registration and up-to-date state inspection) when using a personal vehicle to transport VA patients.
- (6) Transportation volunteer Drivers are considered "without compensation employees" within the purview of the Federal Tort Claims Act (FTCA). Therefore, while they are acting in the scope of their employment, they are afforded the protection of FTCA. This coverage extends only to the period in which they are performing the assignment. Transportation Volunteer Drivers are prohibited from making side trips while in the performance of their assignment and take the most direct route to and from the VA medical facility. Volunteer drivers will not drive the van to or from their personal residence to the VA.
- (7) The Volunteer Driver may refuse to transport a veteran who is intoxicated, abusive or who poses a threat to the driver or passengers.

(8) The Volunteer Driver is not to lift or attend medically to any patient.

(9) The Volunteer driver will report to the HSC (volunteer coordinators) the following:

(a) Name(s) and number of patients transported;

(b) Miles driven;

(c) Volunteer hours; and

(d) Any significant events, i.e., traffic accidents and problems encountered while on duty.

(10) Volunteer driver is responsible for fueling of vehicle at the end of his/her assignment (if needed) and reporting any mechanical concerns with the vehicle to the HSC on the prepared Trip Ticket.

(11) Volunteer Drivers will wear their photo ID badge at all times, and wear their VTN identifying apparel as appropriate to identify themselves as volunteers for the Volunteer Transportation Network.

(12) HSC will provide supervision of volunteer drivers in conjunction with Voluntary Service

## GIFTS AND DONATIONS

Funds donated towards the **purchase of new or replacement vans** for the DAV VTN Program are to be sent directly to the local DAV Chapter or through your Hospital Service Coordinator to: DAV Department of New York Treasurer, 200 Atlantic Avenue, Lynbrook, NY 11563-3599. DAV Department of New York has an account for each of the Medical Centers; therefore, please be sure to indicate on the memo line of the donation check which VAMC (or Clinic) your donation is for. This is a contribution to the DAV for the purchase of vans.

The Manager, Voluntary Service is responsible for coordinating the acceptance and acknowledgment of all **gifts and donations offered to the Medical Center**. These gifts and donations will be used for the sole purpose of meeting particular needs and requirements for the welfare and comfort of the patients. Some of the more popular donated items include magazine subscriptions for the patient library, and personal hygiene items such as shaving items, deodorant, dental care items, socks, and shampoo. Additionally donated funds fully support the patient television satellite service and several other services and activities that enhance and expand federally supported healthcare service.

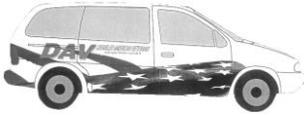
Individuals or organizations wishing to make monetary donations to the Medical Center for the benefit of patients should make checks payable to the VA Medical Center and mail to:

<b>In Syracuse</b>	<b>In Buffalo</b>	<b>In Albany</b>
Voluntary Service (#135) VA Medical Center 800 Irving Avenue Syracuse, NY 13224 Or call 315-425-4317	Voluntary Service (#135) VA Medical Center 3495 Bailey Ave. Buffalo, NY 14215 Or call 716-862-8672	Voluntary Service (#135) VA Medical Center 113 Holland Ave. Albany, NY 12208 Or call 518-626-5506
<b>In Canandaigua</b>	<b>In Bath</b>	<b>In Batavia</b>
Voluntary Service (#135) VA Medical Center 400 Fort Hill Ave. Canandaigua, NY 14424  Or call 585-393-7759	Voluntary Service (#135) VA Medical Center Argonne Ave. Bath, NY 14810  Or call 607-664-4770	Volunteer Program Office VA 222 Richmond Avenue Batavia, NY 14020  Or call 585-344-3330

If uncertain as to what purpose or what account you wish the donation to be applied, prior contact with the Manager, Voluntary Service will ensure prompt and accurate application of the monetary donation. Contact Voluntary Service for further information.

All equipment items donated to the Medical Center become the property of the United States Government. A complete list of routine material donation needs and monetary donation accounts is available upon request from the Voluntary Service office.

Employees and Volunteers of the Department of Veterans Affairs will not solicit or accept gifts or donations including tips offered to DAV VTN drivers. Only authorized staff, such as the Medical Center Director, Voluntary Service Manager or designee can solicit or accept gifts on behalf of the VA by individuals or organizations. This does not preclude discussion of appropriateness with an individual offering a gift or donation.

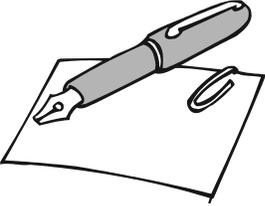


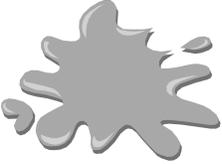
## Government Owned Vans



Network 2 VAMC's operate a fleet of government owned vans in service to support the Voluntary Transportation Network. They are easily recognized by their distinctive markings that both advertise the program and recognize the DAV and other veteran service organizations that donated them. The vans are stationed at the Medical Center and at key locations throughout our service area.

<p style="text-align: center;"><b>Use of Government Owned Vehicles</b></p>	<p>Only certified volunteer drivers operating under the direction of the DAV transportation coordinator will operate the vehicles. A certified driver is a one who holds a valid state drivers license, and who has passed a physical examination or has been deemed able to drive by our Employee Health department.</p> <p>Off-Stationed vans will be stored in agreed upon, secure locations, (preferably a local government facility such as a police, fire station, etc.). They will be used exclusively to transport patients for scheduled medical center appointments and treatments. Any exceptions to this rule will be rare and must be directed to the Manager, Voluntary Service for approval.</p> <p>When transporting veterans, the DAV van driver is only permitted to stop the van for rest stops and/or emergencies, or to pick up and discharge passengers at designated pick-up points. <b>NO SIDE TRIPS OR PERSONAL ERRANDS ARE PERMITTED.</b></p> <p>The DAV van is not an emergency vehicle. Should the veteran require immediate emergency transportation, it is recommended that he or she contact the medical center.</p> <p><b>NOTE:</b> Transportation in the DAV van is offered free of charge to eligible veterans. The volunteer driver is NOT to accept payment from any passenger for transportation in the van, unless that payment is in the form of a voluntary donation to the DAV Transportation Program. Should a donation be made, the driver will give the donor a written receipt, and turn over all donations to the local DAV Coordinator for appropriate action. Any donations to this program go towards the purchase of new replacement vans.</p>
<p style="text-align: center;"><b>Smoking Policy</b></p>	<p>Cigarette smoking is <b>STRICTLY PROHIBITED</b> in all government owned vehicles as well as in all of the buildings of the VA Medical Center. This regulation applies to employees, volunteers, patients and visitors. Individuals may smoke <b>ONLY</b> in the designated outside smoking areas.</p>

<p style="text-align: center;"><b>Passenger Identification And Authorization</b></p> 	<p>Each veteran who wishes to utilize the DAV Transportation Program must provide complete personal identification information and agree to follow the established rules for that program prior to his/her acceptance as a passenger. The volunteer driver or coordinator will gather and record this information on the Passenger Identification Form. The volunteer will then review the “Passenger Rules and Regulations” with the veteran, assuring that the volunteer signs the Patient Identification Form confirming his understanding, and provide him a written copy of the rules.</p> <p>Each time a driver transports veterans to the medical center, he/she will complete a Passenger List or “Expedite” form. This form will be used to identify and locate patients, expedite their treatment, and record travel activities.</p>
<p style="text-align: center;"><b>DAV Van Emergency Items Checklist</b></p>	<p>Each of the government owned vans come equipped with supplies that may be needed in case of an emergency. Every three months, the van coordinator or his designee should complete a checklist review to assure that all of the items are available and in working order. The review will be documented on the “DAV VAN EMERGENCY ITEMS CHECKLIST” form and submitted to the HSC or the VAVS Program Assistant</p> <p>Emergency items in each van include:</p> <ul style="list-style-type: none"> <li>Blank Accident Report Forms</li> <li>Spill Kit</li> <li>Fire Extinguisher</li> <li>First Aid Kit</li> <li>D.O.T. Approved Oxygen Racks and Tie Downs</li> <li>Cellular Telephone in working order</li> <li>Copy of DAV Van State Registration</li> <li>Government Credit Card for fuel purchases</li> <li>Inflated/inflatable spare tire and working jack</li> <li>Step-stool to assist entry to and disembarkation from the van</li> </ul>
<p style="text-align: center;"><b>Vehicle Maintenance and Credit Card Purchases</b></p>	<p>Maintenance of government-owned vehicles will be the responsibility of the VA and will be directed by the Manager Engineering Service, VA Medical Center. Inspections and maintenance will be under his/her direction and may warrant temporary removal of the vehicle from service.</p> <p>Credit cards may be used to pay for minor emergency repairs, fuel, and routine maintenance that do not exceed \$100. This credit card will be controlled by the Off-Station Transportation Coordinator and reviewed by the DAV Hospital Services Coordinator. The local coordinators must contact the VA supervisor prior to scheduling any vehicle repairs. Credit purchase receipts must be submitted promptly (daily) to prevent</p>

	extra charges and to facilitate timely recording.
<p><b>Motor Vehicle Trip Log And Monthly Coordinator's Report</b></p>	<p>Volunteer drivers and DAV Transportation Coordinators will be responsible for maintaining complete and detailed logs of vehicle use. This log enables VA Voluntary Service to keep accurate records of DAV transportation activities. Additionally, Engineering Service utilizes the information posted on the form to record mileage, fuel costs and repairs for each van. Completed Motor Vehicle Trip Logs must be submitted monthly to the assigned Coordinator.</p> <p>The Coordinator will summarize the monthly activities, including the information on the trip log, and complete a Monthly Coordinator Report. Both the Motor Vehicle Trip Log and the Monthly Coordinator Report must be submitted to the DAV Transportation Office at the VA Medical Center, by the third working day of month.</p>
<p><b>Transportation Requests for Community-Based VA Clinics</b></p>	<p>In addition to the medical center, the VAMC operates off station clinics and treatment centers that are located in the community.</p> <p>Volunteer drivers may receive requests to take a veteran to one of these clinics for a scheduled appointment. It is not unusual for a driver to deliver a passenger to one of the area clinics prior to reporting to the medical center.</p>
<p><b>Injury Reporting</b></p> 	<p>Any accident involving you or a patient must be reported to your VA supervisor immediately. Even when it does not appear an injury has resulted, a report to your supervisor is important. You will receive, without cost, emergency treatment for any injury sustained while working as a volunteer, whether it occurs in a motor vehicle accident or within the medical center. You are a member of our VA team and will be treated like an employee who may be injured while performing assigned duties.</p>
<p><b>Hazardous Spills</b></p> 	<p>All staff should know how to protect themselves from hazardous spills. Such spills may be classified as either a biohazard spill or a chemical hazard spill. A biohazard spill contains blood in the spilled liquid. A chemical hazard spill contains a caustic, flammable, reactive, and/or toxic element in the spill. Spills of this nature must be isolated to prevent tracking or the spread of the hazard.</p> <p>Each DAV van has a "Spill Kit" that is to be used to clean a spill and to isolate any potential hazard. Complete, step-by-step instructions are included with the kit. Drivers will be instructed on the correct use of this kit.</p>

## Reporting a Motor Vehicle Accident or Patient Emergency



### IN CASE OF AN ACCIDENT/PATIENT EMERGENCY:

1. Stop immediately and take steps to prevent another accident/emergency at the scene.
2. Call 911 and give the operator your location.
3. Treat any for injured personnel with first aid kit located in the vehicle.
4. DO NOT sign any paper or make any statement as to who was at fault (*except to your supervisor or to a Federal Government investigator.*)
5. Get name of address of each witness.
6. State your name, address, place of employment, name of your supervisor, and upon request, show your operator's permit and vehicle registration card. (NOTE: *Only Government-owned vehicles registered in the District of Columbia or displaying state tags have registration cards.*)
7. If involved in an accident, complete Standard Form 91, Motor Vehicle Accident Report at the scene. Make notes of the following:
  - a. Registration information for other vehicle(s) (owner's name, tag number, state, serial number, and vehicle description);
  - b. Information on other driver (name, address, operator's permit number, and expiration date);
  - c. Name and address of each person involved and extent of injury, if any;
  - d. Name and address of company insuring other vehicle(s); and
  - e. General information such as location, time, weather, damage, measurements, etc.
8. As soon as possible notify your VA supervisor and/or the supervisor of engineering of all motor vehicle accidents and patient emergencies. If the vehicle is unsafe to operate, ask the garage supervisor for further instructions.
9. If you are injured, have your supervisor submit Form CA-1, Employee's Notice of Injury or Occupational Disease.
10. Inform all passengers riding the van to notify their doctor(s) that they were in an accident when they go for their appointment. In the case of a patient emergency, report the incident to the clinic area supervisor that was expecting the patient's arrival.
11. All reports and data must be submitted to your supervisor within one working day.

**NOTE:** If you are injured, have the police officer notify your supervisor, who will assume your obligation for reporting the accident.



**Passenger Identification Form**  
**Network 2 VAMC**

**Run:                      Driver(s):                      AM                      PM Van #:                      Date:** \_\_\_\_\_

Patient's Name	Last 4 SSN	Time	Clinic	Phone #	Address	City

**“Remember”:** Your safety and the safety of your passengers depends on you!  
“Buckle Up” Do it and don’t be sorry later.  
**NO** Stops, Pickups or Passengers unless Authorized in Advance.  
Do not take chances on a very expensive FAVOR.  
**BE PROFESSIONAL, RESPONSIBLE, ALERT, AND RESPECTFUL**

## **Voyager Fleet Services Card Instructions to Drivers :**

Voyager Fleet Services Cards under the GSA SmartPay Contract are assigned to a vehicle. This card is to be used ONLY for the vehicle to which it is assigned. The license plate number is printed on the front of the card.

An access code is required for fuel purchases. PIN instructions are located on the Drivers Guide. You will be prompted to enter a "PIN" number or "Driver ID" on the station's key pad for electronic point-of-sale purchases. The vehicle's odometer reading at the time of purchase will also be needed. If the station cannot process the sale electronically, write the access code and the odometer reading on the ticket.

Stations that accept the Voyager card. Major fuel merchants that accept the Voyager card are listed on the back of this guide. In addition, there are over 2,300 independent locations that accept Voyager. In the event the merchant does not accept Voyager, call the number on the back of the card (1-800-621-3588) to request authorization for fuel and maintenance purchases less than \$100.

Important phone numbers.

Voyager customer service 1-888-785-1732  
Unable to process/not a Voyager vendor 1-800-621-3588

### **STATION ATTENDANT INSTRUCTIONS**

- 1 - To authorize a sale on the Voyager card, follow the instructions sent by the point of sale network provider.
- 2 - If a copy of retailer instructions has not been received, attempt to complete the sale through the electronic point-of-sale equipment. \*
- 3 - Questions? Call Voyager customer service at 1-888-785-1732.

### **PAY AT THE PUMP INSTRUCTIONS**

- 1 - Note the odometer reading (needed to complete the purchase)
- 2 - Insert card into island card reader
- 3 - Enter driver access code and odometer reading into key pad at the prompts
- 4 - Fuel the vehicle
- 5 - Verify receipt information

### **PAY INSIDE INSTRUCTIONS**

### **NOTE ODOMETER READING BEFORE EXITING VEHICLE**

### **FUEL VEHICLE**

PRESENT CARD TO ATTENDANT FOR AUTHORIZATION (A signature may be required in lieu of a PIN used for Pay at the Pump Instructions.)



## Network 2VAMC

### Motor Vehicle Trip Log

Day of Week: \_\_\_\_\_ Date: \_\_\_\_\_ Vehicle Plate # \_\_\_\_\_ Van # \_\_\_\_\_

Driver(am) \_\_\_\_\_ Driver(pm) \_\_\_\_\_

Start Time: \_\_\_\_\_ Finish Time: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Start Ending Total  
Mileage: \_\_\_\_\_ Mileage: \_\_\_\_\_ Mileage: \_\_\_\_\_

Number of Patients transported (Count spouse as 1)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25

#### Gas Purchased

Did you refill for the next Driver after you? Yes / No (amount in tank -  $\frac{1}{4}$ ,  $\frac{1}{2}$ ,  $\frac{3}{4}$ , or full)

No. of Gallons : \_\_\_\_\_ Price per Gallon: \$ \_\_\_\_\_ Total Sale \$ \_\_\_\_\_

(Please turn in receipts at end of shift)

#### Vehicle Maintenance

Was Vehicle Washed? \_\_\_\_\_ Was Vehicle Cleaned inside? \_\_\_\_\_

Notes: \_\_\_\_\_

#### Vehicle Check List

Prior to daily run, checks that each of the below items are in vehicle or added.

First Aid Kit \_\_\_\_\_, Fire Extinguisher \_\_\_\_\_, Accident Forms \_\_\_\_\_, Oil \_\_\_\_\_,  
Transmission Fluid \_\_\_\_\_, Washer Fluid \_\_\_\_\_, City Director/Map \_\_\_\_\_, Vehicle  
Log/Record \_\_\_\_\_

Please NOTE if you added any oil or fluids: \_\_\_\_\_

#### Vehicle Checks

(Circle with comments, Thank You)

Brakes – (ok/problems)      Lights - (ok/problems)      Mirrors - (ok/problems)  
Tires - (ok/problems)      Horn - (ok/problems)      Body Damage (Note Below)

Driver's Comments (i.e. vehicle performance or problems)

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PLEASE TYPE OR PRINT  
**DISABLED AMERICAN VETERANS**

P.O. BOX 14381, CINCINNATI, OHIO  
 PHONE #606-441-7300

**V.A.V.S**  
 HOSPITAL SERVICE COORDINATOR REPORT FOR: Mar-01  
 (SEE REVERSE SIDE FOR INST.)

NY  
 \_\_\_\_\_  
 HOSPITAL ASSIGNED TO STATE FACILITY #

\_\_\_\_\_  
 HSC, NAME LAST MIDDLE FIRST SS#

**OFFICIAL V.A.V.S. TRANSPORTATION ACTIVITY**

	NAME	DAV	DAVA	OTHER	SS. NUMBER	HOURS	MILES	PATIENT
1		X				31	886	47
2		X				14	20	10
3		X				0	0	0
4		X				0	0	0
8		X				11	309	10
12		X				0	0	0
13		X				60	727	108
	<b>TOTALS</b>					116	1942	175

**IF THIS SUPPLEMENTAL REPORT IS USED PLEASE FURNISH ALL TOTALS**

SIGNED HSC \_\_\_\_\_ DATE \_\_\_\_\_

**MOTOR VEHICLE ACCIDENT REPORT**

Please read the Privacy Act Statement on Page 3.

INSTRUCTIONS: Sections I thru IX are filled out by the vehicle operator. Section X, Items 72 thru 82c are filled out by the operator's supervisor. Sections XI thru XIII are filled out by an accident investigator for bodily injury, fatality, and/or damage exceeding \$500.

**SECTION I - FEDERAL VEHICLE DATA**

1. DRIVER'S NAME (Last, first, middle)		2. DRIVER'S LICENSE NO./STATE/LIMITATIONS		3. DATE OF ACCIDENT	
4a. DEPARTMENT/FEDERAL AGENCY PERMANENT OFFICE ADDRESS				4b. WORK TELEPHONE NUMBER ( )	
5. TAG OR IDENTIFICATION NUMBER	6. EST. REPAIR COST \$	7. YEAR OF VEHICLE	8. MAKE	9. MODEL	10. SEAT BELTS USED <input type="checkbox"/> YES <input type="checkbox"/> NO
11. DESCRIBE VEHICLE DAMAGE					

**SECTION II - OTHER VEHICLE DATA (Use Section VIII if additional space is needed.)**

12. DRIVER'S NAME (Last, first, middle)		13. DRIVER'S LICENSE NUMBER/STATE/LIMITATIONS			
14a. DRIVER'S WORK ADDRESS				14b. WORK TELEPHONE NUMBER ( )	
15a. DRIVER'S HOME ADDRESS				15b. HOME TELEPHONE NUMBER ( )	
16. DESCRIBE VEHICLE DAMAGE				17. ESTIMATED REPAIR COST \$	
18. YEAR OF VEHICLE	19. MAKE OF VEHICLE	20. MODEL OF VEHICLE		21. TAG NUMBER AND STATE	
22a. DRIVER'S INSURANCE COMPANY NAME AND ADDRESS				22b. POLICY NUMBER	
				22c. TELEPHONE NUMBER ( )	
23. VEHICLE IS <input type="checkbox"/> CO-OWNED <input type="checkbox"/> RENTAL <input type="checkbox"/> LEASED <input type="checkbox"/> PRIVATELY OWNED		24a. OWNER'S NAME(S) (Last, first, middle)		24b. TELEPHONE NUMBER ( )	
25. OWNER'S ADDRESS(ES)					

**SECTION III - KILLED OR INJURED (Use Section VIII if additional space is needed.)**

26. NAME (Last, first, middle)		27. SEX	28. DATE OF BIRTH
29. ADDRESS			
A	30. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN		31. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)
	32. LOCATION IN VEHICLE		33. FIRST AID GIVEN BY
34. TRANSPORTED BY		35. TRANSPORTED TO	
36. NAME (Last, first, middle)		37. SEX	38. DATE OF BIRTH
39. ADDRESS			
B	40. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN		41. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)
	42. LOCATION IN VEHICLE		43. FIRST AID GIVEN BY
44. TRANSPORTED BY		45. TRANSPORTED TO	
46. Pedestrian	a. NAME OF STREET OR HIGHWAY		b. DIRECTION OF PEDESTRIAN (SW corner to NE corner, etc.) FROM TO
	c. DESCRIBE WHAT PEDESTRIAN WAS DOING AT TIME OF ACCIDENT (Crossing intersection with signal, against signal, diagonally, in roadway playing, walking, hitchhiking, etc.)		

**SECTION IV - ACCIDENT TIME AND LOCATION** (Use Section VIII if additional space is needed.)

47. DATE OF ACCIDENT	48. PLACE OF ACCIDENT (Street address, city, state, ZIP Code; Nearest landmark; Distance nearest intersection; Kind of locality (industrial, business, residential, open country, etc.); Road description).
49. TIME OF ACCIDENT AM PM	

**50. INDICATE ON THIS DIAGRAM HOW THE ACCIDENT HAPPENED**

Use one of these outlines to sketch the scene. Write in street or highway names or numbers.

a. Number Federal vehicle as 1, other vehicle as 2, additional vehicle as 3 and show direction of travel with arrow.

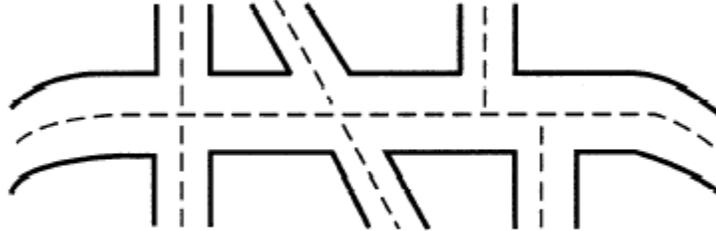
Example: 

b. Use solid line to show path before accident and broken line after the accident 

c. Show pedestrian by 

d. Show railroad by 

e. Place arrow in this circle to indicate NORTH 



**51. POINT OF IMPACT** (Check one for each vehicle)

FED	2	AREA
		a. FRONT
		b. R. FRONT
		c. L. FRONT
		d. REAR
		e. R. REAR
		f. L. REAR
		g. R. SIDE
		h. L. SIDE

52. DESCRIBE WHAT HAPPENED (Refer to vehicles as "Fed", "2", "3", etc. Please include information on posted speed limit, approximate speed of the vehicles, road conditions, weather conditions, driver visibility, condition of accident vehicles, traffic controls (warning light, stop signal, etc.) condition of light (daylight, dusk, night, dawn, artificial light, etc.), and driver actions (making U-turn, passing, stopped in traffic, etc.).

**SECTION V - WITNESS/PASSENGER** (Witness must fill out SF 94, Statement of Witness) (Continue in Section VIII.)

A	53. NAME (Last, first, middle)	54. WORK TELEPHONE NUMBER ( )	55. HOME TELEPHONE NUMBER ( )
	56. BUSINESS ADDRESS	57. HOME ADDRESS	
B	58. NAME (Last, first, middle)	59. WORK TELEPHONE NUMBER ( )	60. HOME TELEPHONE NUMBER ( )
	61. BUSINESS ADDRESS	62. HOME ADDRESS	

**SECTION VI - PROPERTY DAMAGE** (Use Section VIII if additional space is needed.)

63a. NAME OF OWNER	63b. OFFICE TELEPHONE NUMBER ( )	63c. HOME TELEPHONE NUMBER ( )
63d. BUSINESS ADDRESS	63e. HOME ADDRESS	
64a. NAME OF INSURANCE COMPANY	64b. TELEPHONE NUMBER ( )	64c. POLICY NUMBER ( )
65. ITEM DAMAGED	66. LOCATION OF DAMAGED ITEM	67. ESTIMATED COST \$

**SECTION VII - POLICE INFORMATION**

68a. NAME OF POLICE OFFICER	68b. BADGE NUMBER	68c. TELEPHONE NUMBER
69. PRECINCT OR HEADQUARTERS	70a. PERSON CHARGED WITH ACCIDENT	70b. VIOLATION(S)