

2014 STAR Award Application

WELCOME...

THE 2014 STAR AWARD APPLICATION is a new, joint initiative of the National Volunteer Transportation Center of Washington, DC and Ride Connection of Portland, Oregon. The application opened on March 20, and will close on April 11, 2014. It is expected that STAR Awards will range from \$2,500 - \$10,000. In order to prepare for your application it is recommended that you visit the Beverly Foundation Legacy website to review previous STAR Awards Reports which should be helpful in identifying the types of volunteer transportation programs that win STAR Awards. In response to recommendations from past applicants, this year we have prepared a definition a volunteer transportation programs; a description of the types of questions that are included in the application; and evaluation criteria which will be used by the STAR Awards review committee. The STAR Awards will be announced during the 2014 CTAA Expo in June and all new applications will be entered on the Map of Volunteer Transportation in America.

DEFINITION OF VOLUNTEER TRANSPORTATION. Volunteer transportation is defined as a program or service that includes volunteer drivers and/or volunteer escorts for providing transportation. Such programs and services also may include paid drivers as well as "volunteer" vehicles owned by volunteer drivers and vehicles that are owned or leased by the organization providing volunteer transportation. A volunteer transportation program or service may be part of a larger organization and/or provide services other than transportation.

QUESTIONS ON THE APPLICATION. When you print and review the application, you will see that a number of questions ask for numerical or service oriented data which can be used to develop a profile of volunteer transportation program applicants. Other open ended questions are included in order to identify the innovations and promising practices undertaken by your volunteer transportation program. The profile and innovations will be shared with you as an applicant to enable you to compare your volunteer transportation service with other 2014 STAR Award applicants.

EVALUATION CRITERIA. We plan to use the following criteria for making STAR Award decisions. Did the applicant: (1) operate a transportation program for at least two years; (2) include volunteer drivers; (3) prepare narrative responses and copy them into the application; (4) describe the program as directed; (5) provide complete answers to each question; (6) answer all questions; (7) complete all descriptive summaries as directed; (8) provide an accurate explanation of how the dollar figure of volunteer hours was determined; (9) identify a sustainability method that suggests originality or potential for success; (10) describe one or more innovations or promising practices.

*Please note: You are not required to complete your application at one time. You can return to the application multiple times as long as you use the same computer (and the same browser), and the April 11 submission deadline has not passed. To return to your application, cookies must be enabled. If your browser is set to dump cookies each time it is closed, the cookie will be refreshed and new or blank application will open. It is recommended that you print a blank application before preparing your responses. To print the application, go to print on your computer and print a copy in Word or a PDF. Then, prepare your responses and copy and paste them into the application.

Contact Information and Program Description

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*1. Applicant Contact Information

Name of person completing application	<input type="text"/>
Title of person completing the application	<input type="text"/>
Name of Voluneer Transportation Service	<input type="text"/>
Address of Transportation Service	<input type="text"/>
City/Town:	<input type="text"/>
State:	<input type="text"/>
ZIP:	<input type="text"/>
Country:	<input type="text"/>
Email Address:	<input type="text"/>
Phone Number of Transportation Service	<input type="text"/>

*2. How many years has your organization provided volunteer transportation services? (Please provide a numerical and accurate response.)

*3. Please provide a brief description (not more than 200 words) of your volunteer transportation service by describing ONLY the following: what it does; the three most important organizations involved; how volunteer drivers are involved in providing transportation and other services; why it is needed in the community and by whom; and how it has been sustained over the years.

Program Features

*4. What areas (below) does your volunteer transportation program serve? (Please check all that apply.)

- urban
- suburban
- rural
- frontier

Please select (from the list above) the area you consider your primary service area.

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***5. Which groups (below) are served by your volunteer transportation program? (Please check all that apply.)**

- general public
- teens
- children
- ADA eligible passengers
- seniors
- veterans
- people with physical or cognitive limitations
- people with cancer
- people who need frequent medical procedures
- people who no longer drive
- people who cannot afford other transportation services
- other

Please select from the list above what you consider your primary passenger group.

***6. What was the total number of one way rides provided by your volunteer drivers in 2013? (Please provide a numerical response.)**

***7. What was the total number of miles your volunteer drivers drove in providing rides in 2013? (Please provide a numerical response.)**

***8. What was the total number of driving hours contributed by your volunteer drivers in 2013? (Please provide a numerical response.)**

***9. What do you believe was the equivalent dollar value of your volunteers' driving hours and how did you arrive at that dollar amount?**

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*10. How is your volunteer transportation program organized? (Please check only one.)

- Our volunteer transportation service is a stand-alone transportation organization.
- Our volunteer transportation service is located within a larger transportation service.
- Our volunteer transportation service is located within a human service agency.
- Our volunteer transportation service is located within another type of organization.

If your volunteer driver program is located within "another" type of organization please identify the type of organization or agency.

*11. When does your volunteer transportation program provide transportation services? (Please check all that apply.)

- weekdays
- evenings
- Saturday
- Sunday
- 24/7
- other

Please tell us how and why you believe your service hours meet passenger needs, If you checked "other", please specify.

*12. Check the most important organizations (or type of organizations) with which you coordinate or cooperate, in organizing or delivering volunteer transportation services. (Please only check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> public transportation agency | <input type="checkbox"/> foundation |
| <input type="checkbox"/> paratransit agency | <input type="checkbox"/> community group |
| <input type="checkbox"/> community action agency | <input type="checkbox"/> the faith community |
| <input type="checkbox"/> regional transit agency | <input type="checkbox"/> organization serving a special population |
| <input type="checkbox"/> city government agency | <input type="checkbox"/> mobility management program or service |
| <input type="checkbox"/> hospital or health center | <input type="checkbox"/> other(s) |
| <input type="checkbox"/> human service agency | |

Please identify from the list above (including others) what you consider the #1 organization or group with which you coordinate, or cooperate.

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***13. On the list below, please check the services or activities that are part of your every day volunteer transportation services. (Please check only the elements that are part of your usual service program.)**

- | | |
|---|---|
| <input type="checkbox"/> trip chaining | <input type="checkbox"/> stay at destination support |
| <input type="checkbox"/> taxi vouchers when no volunteer is available | <input type="checkbox"/> "medical advocacy" |
| <input type="checkbox"/> use volunteer drivers' vehicles | <input type="checkbox"/> excursion trips |
| <input type="checkbox"/> door through door transportation | <input type="checkbox"/> transit passes |
| <input type="checkbox"/> self scheduling by volunteer drivers | <input type="checkbox"/> volunteer driver training |
| <input type="checkbox"/> transit I & R or I & A for passengers | <input type="checkbox"/> mobility management |
| <input type="checkbox"/> multi-passenger or "piggy back" rides | <input type="checkbox"/> no cost or low cost transportation service |
| <input type="checkbox"/> travel training | <input type="checkbox"/> other |
| <input type="checkbox"/> on-demand shuttles | <input type="checkbox"/> none of the above |
- Please specify from the list above (including other) what you consider the three tmost important service elements or activities you provide.

***14. What types of non transportation services or activities are provided by your volunteers that are organized and implemented by your volunteer transportation program? (Please check only those services or activities that are part of your usual service program.)**

- | | |
|---|--|
| <input type="checkbox"/> medical equipment loan program | <input type="checkbox"/> food delivery activities |
| <input type="checkbox"/> home repair | <input type="checkbox"/> time banking |
| <input type="checkbox"/> caregiver respite | <input type="checkbox"/> handy person service |
| <input type="checkbox"/> cemetery visits | <input type="checkbox"/> volunteer activities in the office |
| <input type="checkbox"/> rider companion services | <input type="checkbox"/> other(s) |
| <input type="checkbox"/> homemaking service | <input type="checkbox"/> no services or activities other than transportation |
- Please identify the #1 non transportation service or activity you believe is most important to your passengers.

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*15. What levels of assistance did your volunteer transportation program provide to passengers in 2013? (Please check all that apply.)

- curb-to-curb
- door-to-door
- door-through-door
- stay-at-the-destination
- escort
- other

Please specify what you consider the most important assistance your volunteer transportation program provided to passengers in 2013 and tell us why you consider it important.

*16. On the list below, check the destinations to which you took your passengers in conjunction with your normal volunteer transportation services in 2013. (Please check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> shopping | <input type="checkbox"/> adult day care |
| <input type="checkbox"/> recreational activities | <input type="checkbox"/> children's day care |
| <input type="checkbox"/> religious activities | <input type="checkbox"/> work place settings |
| <input type="checkbox"/> doctors' offices | <input type="checkbox"/> health care services (non emergency) |
| <input type="checkbox"/> dialysis centers | <input type="checkbox"/> social activities |
| <input type="checkbox"/> beauty shops | <input type="checkbox"/> pharmacies |
| <input type="checkbox"/> nutrition services | <input type="checkbox"/> emergency medical services |
| <input type="checkbox"/> social services | <input type="checkbox"/> the bank |
| <input type="checkbox"/> volunteer activities | <input type="checkbox"/> after school care |
| <input type="checkbox"/> school | <input type="checkbox"/> other(s) |

Please specify other(s) and list the THREE destinations you believe are most important to your passengers and why they are important.

*17. What type or types of drivers provided rides for your program in 2013?

- Volunteer drivers only
- Paid and volunteer drivers
- Paid drivers only

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***18. What was the total number of volunteer drivers (unduplicated) who provided rides to your volunteer transportation program's passengers in 2013? (Please insert only a numerical answer and if none insert 0.)**

***19. What was the total number of paid drivers (unduplicated) who provided rides to your volunteer transportation program's passengers in 2013? (Please insert only a numerical answer and if none, insert 0.)**

***20. On the list below, please indicate how many vehicles (of each type) provided transportation for your volunteer transportation program in 2013? (Please insert only numerical answers and if none, insert 0.)**

buses	<input type="text"/>
vans	<input type="text"/>
trolleys	<input type="text"/>
taxis	<input type="text"/>
automobiles	<input type="text"/>
others	<input type="text"/>

***21. How many of your volunteer transportation program's vehicles were program owned, volunteer owned, or owned by another organization or group in 2013? (Please insert only numerical answers and if none, insert 0.)**

program owned/leased/contracted	<input type="text"/>
volunteer driver owned	<input type="text"/>
owned by other organization or group	<input type="text"/>

***22. How many "accidents" did your volunteer transportation program experience in 2013? (Please insert only numerical answers and if none, insert 0.)**

vehicle crashes involving property damage	<input type="text"/>
vehicle crashes involving bodily injury	<input type="text"/>
accidents where passenger was injured	<input type="text"/>
minor "fender benders" where no one was injured	<input type="text"/>
none	<input type="text"/>

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***23. Please check your volunteer driver program's cost per one-way ride in 2013. (Please check only one.)**

- under \$5.00
- \$5.00 - \$9.99
- \$10.00 - \$14.99
- \$15.00 - \$19.99
- \$20.00 - \$29.99
- \$30.00 - \$39.99
- \$40.00 +

Please indicate your volunteer transportation program's actual cost per one-way ride in 2013.

***24. What was the budget for your volunteer transportation service in 2013? (Please check only one.)**

- \$0 - \$49,999
- \$50,000 - \$99,999
- \$100,000 - \$499,999
- \$500,000 - \$999,999
- \$1,000,000 - \$4,999,999
- \$5,000,000 - \$9,999,999
- \$10,000,000+

Please provide us with the specific budget for your volunteer transportation service in 2013.

***25. What were your volunteer transportation service's top FOUR sources of revenue in 2013? (Please check FOUR.)**

- | | |
|---|--|
| <input type="checkbox"/> tax revenue | <input type="checkbox"/> passenger donations |
| <input type="checkbox"/> government grants | <input type="checkbox"/> in-kind contributions |
| <input type="checkbox"/> foundation support | <input type="checkbox"/> fund raisers |
| <input type="checkbox"/> passenger fees | <input type="checkbox"/> corporate support |
| <input type="checkbox"/> user membership fees | <input type="checkbox"/> other(s) |

If you indicated other(s) please specify, and then tell us what you believe will be your most important source of revenue in 2014.

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Promising Practices

***26. On the following list, please check what you consider the THREE most important methods used by your volunteer transportation service to ensure passenger needs are met. (Please check THREE.)**

- | | |
|---|--|
| <input type="checkbox"/> purchase of accessible vehicles | <input type="checkbox"/> volunteer driver background checks |
| <input type="checkbox"/> volunteer driver training in risk management | <input type="checkbox"/> ride calculations as one way trips |
| <input type="checkbox"/> use of specialized, low cost software | <input type="checkbox"/> volunteer driver training |
| <input type="checkbox"/> purchase of fuel efficient vehicles | <input type="checkbox"/> translation of volunteer hours to dollars |
| <input type="checkbox"/> volunteer escorts to public transit | <input type="checkbox"/> volunteer driver program sustainability |
| <input type="checkbox"/> volunteer recruitment and screening | <input type="checkbox"/> contracts for providing transportation |
| <input type="checkbox"/> generating financial support from destinations | <input type="checkbox"/> other(s) |

***27. On the following list, please select what you consider the THREE most important volunteer driver training method you believe would be most helpful in ensuring your volunteer drivers are adequately prepared to serve your passengers and your volunteer transportation service. (Please select THREE).**

- | | |
|---|--|
| <input type="checkbox"/> training in helping passengers to and into the vehicle | <input type="checkbox"/> training in how to schedule and report rides |
| <input type="checkbox"/> training in understanding how to assist passengers | <input type="checkbox"/> training in how to socialize with passengers |
| <input type="checkbox"/> training in vehicle cleanliness | <input type="checkbox"/> training provided in the volunteer program handbook |
| <input type="checkbox"/> training in defensive driving | <input type="checkbox"/> training in how to submit reimbursement requests |
| <input type="checkbox"/> training in vehicle safety methods | <input type="checkbox"/> on-line training provided by AARP, AAA and others |
| <input type="checkbox"/> training in vehicle maintenance | <input type="checkbox"/> CPR training |
| <input type="checkbox"/> training in passenger safety | <input type="checkbox"/> other(s) |

Please specify other(s) and briefly discuss what you consider the most important training and how it does or could impact on the safety and security of your passengers or your volunteer driver program.

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***28. Please select (from the list below) what you consider the THREE collaborative or coordinating methods you believe are or could be most helpful in ensuring your volunteer transportation service is linked with other organizations and groups in the community, county, region, or state. (Please select THREE.)**

- | | |
|--|--|
| <input type="checkbox"/> coordination with human service transit plan | <input type="checkbox"/> working with senior transportation constituencies |
| <input type="checkbox"/> organization of mobility management program | <input type="checkbox"/> working with accessible transit constituencies |
| <input type="checkbox"/> linking with mobility management program | <input type="checkbox"/> working with low income constituencies |
| <input type="checkbox"/> cooperation with regional transit initiative | <input type="checkbox"/> coordination of vehicle insurance with other services |
| <input type="checkbox"/> use of scheduling and data management technology | <input type="checkbox"/> linking with other providers to coordinate trips |
| <input type="checkbox"/> meeting with human service providers | <input type="checkbox"/> merging transit service(s) for benefit of passengers |
| <input type="checkbox"/> meeting with community groups | <input type="checkbox"/> sharing vehicles with other agencies |
| <input type="checkbox"/> linking with transportation services for training | <input type="checkbox"/> we do not collaborate |
| <input type="checkbox"/> providing transit service to human service agencies | <input type="checkbox"/> other(s) |
| <input type="checkbox"/> participation in local transportation working group | |

Please specify other(s) and explain your choices.

***29. Briefly describe the most important program or initiative you are undertaking in 2014 (or you plan to take in 2014) to ensure the sustainability of your volunteer transportation service?**

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***30. On the list below are several methods of internet and social media communication. Think about each method and indicate your organization's usual and/or favorite communication methods with other organizations and groups. (Please check up to FIVE only.)**

- | | |
|--|--|
| <input type="checkbox"/> Twitter | <input type="checkbox"/> Instagram |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Foursquare |
| <input type="checkbox"/> LinkedIn | <input type="checkbox"/> Blogs (e.g. Tumblr, Blogger, WordPress) |
| <input type="checkbox"/> Pinterest | <input type="checkbox"/> eNewsletter |
| <input type="checkbox"/> GoogleChrome | <input type="checkbox"/> e-mail\ |
| <input type="checkbox"/> Our Website | <input type="checkbox"/> Skype |
| <input type="checkbox"/> Listserves (e.g. Yahoo, LinkedIn, Whatsapp) | <input type="checkbox"/> other(s) |
| <input type="checkbox"/> Youtube | |

Please specify other(s) if noted and comment on what you consider the most useful method your organization uses or will use for sharing information with other organizations and groups.

***31. As you may know many efforts are being undertaken to promote and support volunteer transportation programs. What activity or information (below) would be most helpful to you and your volunteer transportation program? (Please check all that apply.)**

- | | |
|--|---|
| <input type="checkbox"/> "how to" information on program start up | <input type="checkbox"/> stories about volunteer drivers |
| <input type="checkbox"/> descriptions of promising practices | <input type="checkbox"/> stories about volunteer transportation passengers |
| <input type="checkbox"/> Report on trends in volunteer transportation | <input type="checkbox"/> information about mobility management |
| <input type="checkbox"/> descriptions of models and methods | <input type="checkbox"/> guidelines for scheduling and data management |
| <input type="checkbox"/> profiles of volunteer transportation programs | <input type="checkbox"/> guidelines for risk management |
| <input type="checkbox"/> training for managers | <input type="checkbox"/> information on & identification of funding sources |
| <input type="checkbox"/> communications through social media | <input type="checkbox"/> other(s) |

Please specify other(s) if noted and tell us what you consider the #1 information or activity (above) that would be most helpful to your volunteer transportation program and why it would be helpful.

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***32. This is the final question. Is there one question we did not ask on this application that you wish had been asked?**

- yes
- no

If yes, please state the question and if possible provide an answer.

