

AARP DRIVER SAFETY PROGRAM

INSTRUCTOR'S GUIDE

CALIFORNIA SUPPLEMENT May 30, 2010

Insert this document at the end of the Introduction Section of the Instructor's Manual

AARP DRIVER SAFETY PROGRAM

TABLE OF CONTENTS

Leadership positions	1
California Zone Map	2
Instructor Administrative Procedures	3
Ordering Class Kits/Certificates/DMV Supply Requisition	3
Contents of one California course kit	4
Completing California DMV Certificates. (new form)	5
California DMV Certificate (existing form)	5a
Insurance Discounts	6
Failure to Complete Course	6
AARP Liability Insurance	6
Reimbursement Procedures (revised 11/13/09)	7
Course Tuition Expense Report (CTE) Form (revised 11/13/09)	8
Course Tuition Expense Report Guidelines	9
Standard Activity Expense Statement Form	10
Standard Activity Expense Statement Guidelines	11
Standard Activity Expense Statement Information	12
Standard Activity Expense Statement Object Code Description	13
Instructor Recruitment	14
Vehicle Code Sections 1675, 1676 and 1677	14
Instructor Candidate Guidelines	15 & 16
Name Badge & Mailing Label Request	16
Instructor Candidate Guidelines - The Flow Chart	17
Mentoring	18
Organizational Chart	19

LEADERSHIP POSITIONS

The AARP Driver Safety Program is part of the national AARP Organization.

Each state has a State Coordinator and a Chief Trainer. California also has 4 Deputy State Coordinators.

California is divided into 10 zones. Each zone has a Zone Coordinator and Trainer(s). Some zones have Telephone Coordinators.

Each zone is further divided into districts with a District Coordinator, The District Coordinator is responsible for the instructors and activities within his/her district, including but not limited to recruiting, mentoring, scheduling, advertising, promotions, accountability and communication within the district. The instructor's first contact is the District Coordinator.

ORGANIZATION CHART

National Director - Driver Safety Program	
Regional Coordinator (RC) - Western Region 2	
State Coordinator (SC) - California	
Deputy State Coordinator (DSC) - California	
Chief Trainer (CT) - California	
Marketing Specialist (MS) - California	
Zone Coordinator (ZC) - Zone #	
Zone Trainer - Zone #	
District Coordinator (DC) - District #	



INSTRUCTOR ADMINISTRATIVE PROCEDURES

ORDERING CLASS KITS/CERTIFICATES

BEFORE THE DATE OF THE NEXT CLASS:

Set the date for the next class with the hosting site.

Visit the site and establish ground rules for registering students (who will collect money and register applicants),

Order your kit at least 3 weeks prior to class date.

Complete and mail, or fax, the Standard Order Card for Class Certificates/kits, or use the toll free number to call in the order.

NOTE: Using the toll free number is preferred over all other means.

If mailed, the address is pre-printed on the form. If faxed, fax to (202) 434-6987. This number is also found on the order form. If call-in, use 1-800-569-1658.

If the class was not previously scheduled, notify your District Coordinator by phone, email or via the Course Announcement Card.

You should order course handouts from AARP and the Department of Motor Vehicles:

SUPPLY REQUISITION (DMV)

DMV SUPPLIES SUGGESTED FOR FIRST CLASS: Use AARP letterhead and include your name, mailing address (DMV will not ship to a P.O. Box), phone #, position, and ID number on the letter.

Description	<u>Part #</u>	<u>Qty</u>
California Driver Handbook (include year) Accidents DMV Driving Test Report of Traffic Accident Occurring in California Road Sign Chart Change of Address	#DL 600 #FFDL 16 #FFDL 22 #SR-1A #DL 37 #DMV 14	
Let's go for a ride	#4-600 DVD	

DEPARTMENT OF MOTOR VEHICLES, Materials Management Unit, 4201 Sierra Pointe Drive, Suite 112, Sacramento, CA 95834-1998 OR FAX to 916-928-6817

CONTENTS OF ONE CALIFORNIA COURSE KIT

30 ea.	California DMV Certificates. Count certificates when received. Review the kit for any discrepancies. Notify the DC of any shortages.
	NOTE: If <u>California</u> certificates are not received, notify your DC who will contact the State Coordinator and obtain California certificates. Return the other certificates with your course/tuition expense report.
25 ea	Participant Workbooks
1 pkg	Student Name Tents
1 pkg	Course Evaluations
1 pkg	Course Completion Records
2 ea	Certificate/Course Kit Order Cards
2 ea	Course Announcement Cards
1 ea	Course Tuition and Expense Report pre-printed with instructor and host information
1 ea	Postage Paid, Pre-Addressed Large Blue Envelope. Use this envelope to mail completed Course Tuition & Expense Report, monies collected, unused certificates, and pink copies of completed certificates.
2 ea	Instructor Job Descriptions
2 ea	Instructor Applications
	Supplemental material that may be included, but may vary:
	Bookmarks Posters Class Here Today

Tell a friend cards

Service Agency	ate Linitial or Li Renewal (400 Minute Course) (240 Minute Course)	MD85955
DRIVER LICENSE NO.	DATE OF COMPLETION	MO 101 SCHOOL I.D. NO.
STUDENT NAME (PLEASE PRINT)	ADDRESS	CITY
AARP DRIVER SAFETY F	PROGRAM 601 E STREET NW WAS	SHINGTON, DC 20049
Executed at	, CA on	DATE
	of periury under the laws of the State of California that the	
	of perjury under the laws of the State of California that the	

Check type of course, 400 minute or 240 minute. Line out type not used to prevent alteration.

Driver License Number: Place the student's CA Driver License Number in this space. If the student does not have a valid California Driver License place their Date of Birth in this space.

Date of Completion: This date is the last day of the class.

Student's Name: Print exactly as it appears on their license, followed by their address, city & zip.

Executed at: Print name of the city in which the class was presented.

Date: The date is the last day of the class.

Provider/Instructor: Instructor types or prints his/her name and Vol. ID # on the left side and signs on the right side.

AARP Member: check the appropriate box.

AARP Membership Number: This number is required. If it's not available, print "Unknown".

Complimentary DMV Certificates may be issued to instructors and/or spouses who attend a course. Identify it as "*Complimentary*" on the CT&E and the certificate.

Registration forms will be maintained, by the instructor, for a period of three (3) years.

CALIFORNIA DMV CERTIFICATE

Mature Driver Improvement Course Certificate
A Public Service Agency Yes (400 Minute Course) (240 Minute Course) MD128841
AUDDIZZ January 12208 MO 101 DATE OF COMPLETION SCHOOLID. NO.
Student NAME (PLEASE PRINT) STUDENT NAME (PLEASE PRINT)
AARP DRIVER SAFETY PROGRAM 601 E STREET NW WASHINGTON, DC 20049
Executed at Any Town, CA on January 1, 2208
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
FINE JUSTRUCTOR 50-010-0000 / X Sine Justucla
Duplicate WHITE: Driver PINK: School ,
OL 1001 (REV. 4/2007)

Add AARP Membership Number at the top of the form to verify a discount.

Complete the certificates using the information on the Student Registration Forms.

Check type of course, 8 or 4-Hour course. Line out type not used to prevent alteration.

"**AARP Member**" – Place an X in the appropriate box. Line-out unused box. Include AARP Membership Number across the top of the Certificate. The Membership number is mandatory.

For all Classes - Use student's date of birth (DOB) if the student does not have a valid California Drivers License. IE: <u>Driver's License No:</u> 6/21/1937

"Date of Completion", and "Date" - The date is the last day of the class.

"Student name" - As it appears on the driver's license, followed by Address, City and Zip Code

"**Provider/Instructor**" - Instructor prints or types his/her name and ID number on the left side and signs on the right side.

Complementary DMV Certificates may be issued to instructors, and/or the spouses of instructors, <u>who attend a course</u>. Identify it as "*complimentary*" on the Course Tuition and Expense Report and on the Certificate.

Registration forms will be maintained by the instructor for a period of three years from the date of the class.

AARP DSP INSTRUCTOR'S GUIDE

08-09

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INSURANCE DISCOUNTS

Discounts on automobile insurance may be available to participants who complete the Driver Safety Course. The eligibility and amount will depend on the driving record of the participant and the policy of the insurance company. We do not quote discounts percentages or amounts.

If a participant has a disagreement with the insurance company over the amount of discount or lack of discount, the participant should be directed to the State Department of Insurance at their complaint number 1-800-927-4357.

FAILURE TO COMPLETE COURSE

Generally, the participant fees are non-refundable. However, if a participant fails to show for a course in which pre-registration was required, the participant's fee <u>may</u> be returned to him/her at the discretion of the instructor. Factors that may be considered are completion of certificates prior to a one day class or a class that was full and there was a waiting list where other participants could have been admitted to the class.

If a participant fails to complete the second day of a two day class, the instructor may, at his/her discretion, void the certificate and retain the fee or count the course as being completed on the Course Tuition and Expense Report and send the participant a letter allowing for make up of the second day at another course. If the participant elects to make up the second day, the instructor may forward the completed certificate to the instructor of the make up class.

LIABILITY INSURANCE

If a host requests information regarding AARP's coverage, obtain a written request from that host on their official letterhead that includes their name, address and fax number, if available. The instructor will place an endorsement on the bottom of the request including his/her name, Volunteer ID number and telephone number. This letter should be sent to:

Ms. Lisa Simpson AARP Driver Safety Program PO Box 93114 Long Beach, CA 90809

Send a copy of this information to the State Coordinator.

REIMBURSEMENT PROCEDURES

COURSE TUITION AND EXPENSE REPORT (CT&E)

The AARP Driver Safety Program provides reimbursement to program volunteers for reasonable out-of-pocket expenses related to program activities. There are two types of expense statements to reimburse expenses by volunteers. The Course Tuition and Expense Report used for class related expenses and the Standard Activity Expense Statement used for all other expenses.

The CT&E is used to claim expenses when a Driver Safety Class is taught. It will be pre-printed with the instructor's name, Class ID number, and class and host information. With the exception of the Class ID number, all preprinted information may be changed as required.

Accounting Code: The Course Tuition and Expense Report requires the volunteer to fill in the last 3 boxes of the accounting Code. The Code, for California, to be entered is "067". (see pg.8)

You may select one of three types of reimbursement: Flat Rate, Itemized, or No Claim.

<u>Flat Rate</u>: Flat rate is currently \$30.00.

Itemized: Itemized claims must be accompanied by receipts for all items except mileage. **If receipts are missing, a note explaining the circumstances <u>must</u> be attached, and the CTE <u>must</u> be routed through the supervisor for approval. The supervisor <u>must</u> indicate approval/disapproval and sign the note.**

No Claim: Self-explanatory

Mileage rate is currently \$_____. Mileage rate changes annually or as determined by the IRS. The DC will notify the instructors of any changes made to the mileage rate. People who team-teach (i.e. husband/wife teams) are held to the expense limitations of a single person. One instructor will be listed on the CTE and that instructor must sign the form. Expenses incurred by a Co-Instructor must be submitted on a Standard Activity Expense Statement using Object Code 5852.

Itemized expenses of more than \$100.00 are currently considered unusual and will be routed through the State Coordinator for preapproval.

Course Tuition and Expense Report

REGISTRATION TYPE:

		Was registration for this course done utilizing the online registration process?
Complete The Acco	ounting Code:	Yes or No
1000-33520000-5851-3074	100-ua60]
SELECT ONE REIMBURSEMENT METHOD: Flat Rate of \$30.00 Itemized (receipts required) No Claim NOTE: All other course related expenses must be reflected on the Standard Activity Expense Statement (D13600), coded to object code 5852, and have Coordinator approval as required on the D13600 form.	COMPLETE FOR ITE Mileage	EMIZED REIMBURSEMENT CLAIM ONLY: x = \$ x = \$ x
TUITION COLLECTION AND CERTIFICATE AND (# of participants) x \$12.00 (# of participants) x \$14.00 (# of participants) (total participants) (total tuition coll	subtotal)	CERTIFICATE ACCOUNTABILITY: = CERTIFICATES USED = CERTIFICATES RETURNED = CERTIFICATES VOIDED = COMP CERTIFICATES ISSUED = MUST TOTAL 35 (CA = 30)
COURSE IDENTIFICATION:	Host Name:	
Dates: From / / to / /	51369 AT 8 (844) 94	
Course ID#:	Test States and the second	
CERTIFICATION: This report represents actual ex AARP Driver Safety Program business.	spenses incurred by me	and tuition collected while engaged in
Instructor Signature	Date	
DISTRIBUTION: White/Yellow - Nation D16746 (1 06 09) AARP DSP INSTRUCTOR'S GUII		r, Goldenrod - Originator 08-09

8.

Please use the guidelines below when completing the Course Tuition and Expense Report (CTE) to receive timely reimbursements. Guidelines are described from left to right on the form. Only expenses associated with the assigned course number should be listed on this form.

COURSE AND VOLUNTEER INFORMATION: Fulfillment will preprint all course information (host name, address, city, state and zip code) along with your ID# directly on the Course Tuition and Expense Report.

REGISTRATION TYPE: Check either yes or no to indicate if <u>ONLINE</u> registration was used for this course.

ACCOUNTING CODE: The pre-printed code indicates this is a course related expense from a CTE form. Enter the last three digits of your state or regional work object code into the boxes provided. (Code for California is "067")

REIMBURSEMENT METHOD: Please select <u>ONE</u> reimbursement type by placing a check mark in the box of the reimbursement method you are requesting (flat rate, itemized or no claim).

ITEMIZED EXPENSES ONLY: (1) enter the total miles driven and multiply by the current mileage reimbursement rate; enter the total; (2) enter lunch, parking, tolls, copying, telephone and postage expenses where indicated. Lunch allowance is limited to \$7.50 a day or \$15.00 total per course. All claims must be supported by original itemized receipts; and (3) total your expenses as indicated; this is the amount you will be reimbursed.

Note: Overnight expenses related to teaching a course must be reflected on the Standard Activity Expense Statement (D13600). If two Instructors co-teach a course, one Instructor may claim expenses on the CTE. The second Instructor's expenses must go on the Standard Activity Expense Statement under object code 5852 and must be submitted to the Instructor's immediate supervisor for review and approval.

TUITION COLLECTED: Multiply number of participants by the course tuition rate for both members and nonmembers and enter a subtotal. Enter the <u>total</u> number of participants on the line provided and the <u>total</u> tuition collected on the line provided. Review tuition checks to ensure correct dating, signature and <u>payable to AARP</u>. You can place tuition checks and certificate copies in a business size envelope separate from your receipts and drop the envelope into the 9x12 pre-addressed blue envelope that is supplied in the course kit.

CERTIFICATE ACCOUNTABLILTY (Certificate count MUST total 30 in CA)

Certificates Used = Certificates filled in and distributed to participants in class.

Certificates Voided = Certificates filled out in error or damaged.

Certificates Returned = Certificates not used in the class.

COMP Issued = Complimentary certificates that have been issued in accordance with DSP policy *

* DSP Instructors can receive one free course completion certificate for themselves and/or spouse once every 2-3 years. An Instructor can receive the certificate in one of two ways: 1). Teach a DSP course or 2). Attend and complete a DSP course taught by another Instructor. A spouse must attend and complete the DSP course taught by their spouse or another DSP Instructor. All other cases of issuing complementary certificates must have prior written approval by the DSP State Coordinator).

COURSE IDENTIFICATION: Complete this section <u>ONLY</u> if there are changes to the pre-printed course information located on the top left hand corner of the form.

CERTIFICATION: You are certifying that your expenses claimed are actual and appropriate for reimbursement.

DISTRIBUTION: (1) retain the goldenrod copy for your files; (2) send the pink copy to your supervising Coordinator; and (3) send the white and yellow copies with receipts (if itemizing), tuition checks, certificate copies and online registration roster (if any) in the 9x12 pre-addressed postage-paid blue envelope that was supplied in your course kit. Please do not staple or paperclip any items to this form. Instead place everything in the blue envelope.

Name:	Name: JOHN DOE	Vol. ID#:		123-456-7890	0	Standar	Standard Activity Expense Statement	xpense Sta	tement
Address:	123 FAKE ST	City:	LEHUORE	ORE		io)	Complete The Accounting Code:	Counting	.opo
State:	0.4 Zip: 93245 Title:		Ustructor			0001	COMPISE THE ACCOUNTING CORE.	veouning v	17400-
Phone:	06		Check if this is a new address Check if this is a seasonal add Effective Date	Check if this is a new address Check if this is a seasonal address Effective Date	8		ua60 @ @ 7	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Date	Explanation: Activity & Location	Mileage Cost	Travel	Meals	Lodging	Other	Daily Total	Object	Object Code Totals
6/11/09	STATE HI	255,20		37,50	294.97		\$ 587.67	5852	ю
6/12/03	6/12/09 witherthe worklop, Within 32m	17,60		64.17			\$ 81.77	5853	\$ 81.7
6/13/09	\$13/09 HENTERING, LENCORE, 17Mi	9.35					\$ 9.35	101	
6/14/09	6/14/09 Server Fair Beatly Frence, 6041	33,00		12.95			\$ 45.95	2004	
6/15/09	6/15/09 Recognition Celtifict to / Maple					66.99	\$ 66.99	5855	\$ 45.75
6/16/09						44,00	\$ 44.00	5856	\$ 587,6
							69	5857	\$ 44,00
							69	5858	\$ 66.99
							\$	5860	\$
	Column Totals	\$ 315,15	\$	\$ 114.62	\$ 294.97	\$ 110,99	\$ 835.73	GRAND	\$ 825.73
Instructions: Instructions: 1. List activit 1. List activit 3. Travel (pl parking a 5. Lodging (0. Other (pl 5. Other (pl 5. Chall each)	ructions: It activity, location and total # of miles driven. If traveled by personal car, enter mileage cost. Travel (plane, train, auto, taxi, shuttle; include parking and tolls). Meals (include tips). Lodging (include tips). If meals are listed on lodging bill, do not list under meals column. Total each day and each column.	CERTIFICATIOI attached origina while engaged in Signature/Date	CERTIFICATION: I certify that attached original receipts repre- while engaged in AARP Driver S. Signature/Date Supervisor Signature/ID#//Date	CERTIFICATION: I certify that this statement, amounts claimed and the attached original receipts represent necessary expenses incurred by me while engaged in AARP Driver Safety Program business. Signature/Date	inent, amounts sary expense: am business.	nounts claimed and penses incurred by less.	Object 5852 5855 5855 5855 5855 5856 5856 5856	Object Code Descriptions: 6852 Driver Safety Program Course 5853 Training Workshop 5854 Mentoring & Instruction 5855 Publicity & Promotion 5856 Meetings other than workshops 5857 Administration	s: am Course ftion on workshops
	For the second s						5858 Re 5860 Mii	Recognition Miscellaneous	

10.

AARP Driver Safety Program Standard Activity Expense Statement Instructions

To assist with filling out the Standard Activity Expense Statement and to receive timely reimbursements, please use the guidelines listed below. Guidelines are described from the top left of the form going across to the right and down to the bottom right corner. Course related expenses with the exception of co-teaching and overnight costs must be shown on the Course Tuition & Expense Report form.

Personal Information: Affix a current personnel label on the first three copies of the expense statement (white, yellow and pink copies) and write in your telephone number. If you do not have a current label, print your name, volunteer ID#, address, city, state, zip code, title, and telephone number in the space provided.

Address Check Box: Check the appropriate box if this is a new mailing address or seasonal address and indicate effective dates.

Accounting Code: The pre-printed code tells the AARP Accounting Department that this is a volunteer expense report. Enter the last three digits of your state or regional sub-ledger code (067) into the boxes provided. If you do not know your sub-ledger code, contact your immediate supervisor.

Expenses:

- 1. **Receipts:** the program requires that volunteers submit <u>original receipts</u> for all expenditures regardless of the amount. Attach your receipts to the front of the expense statement. If you do not have a receipt, make a note and attach it to the form. An <u>original itemized</u> restaurant receipt is required for meal charges.
- 2. **Date:** Enter the date of the activity or when the expense was incurred use a separate line for each day of travel or activity.
- 3. Explanation: List activity, location and total number of miles driven.
- 4. **Mileage Cost:** If traveled by personal car, enter mileage cost. Multiply the number of miles driven by current reimbursement rate and enter the dollar amount in the column (when claiming mileage, expenses for gas is not allowable).
- 5. **Travel:** Enter cost for plane, train, auto (rental car and gas expenses), taxi or shuttle. Be sure to include parking and toll fees. For airfare costs, you must attach proof of payment.
- 6. **Meals:** Enter costs of meals, including tips. AARP meal spending guidelines are: \$12 breakfast, \$18 lunch and \$30-35 dinner (includes beverages, snacks, tax and tip). An <u>original itemized</u> restaurant receipt is required for meal charges. If the meal was a group meal, you must list the first and last name of everyone present on the receipt or on an attached sheet.
- 7. **Lodging:** Enter costs of lodging and meals, including tips. If meals are listed on the lodging bill, list them under the Meals column. You must submit the original itemized lodging folio and the folio must show a zero balance.
- 8. Other: Includes costs of items such as business phone calls, copy charges, supplies and postage.
- 9. Daily and Column Totals: Write in the total of your daily expenses per line and per column.
- 10. **Object Code Totals:** Write in the grand total for each object code in this column. Object code descriptions are listed on the bottom right corner of the expense statement.
- 11. **Grand Total:** Write in the grand total of the expense statement in the shaded box at the bottom of the Object Code Totals column.

Certification: By signing this expense statement, you are certifying your expenses claimed are actual and appropriate for reimbursement. Your supervising Coordinator's signature is <u>required</u> on this expense statement, as approval of your expenses. Statements not signed will be returned.

Distribution: Retain the goldenrod copy for your files. The pink copy should be retained by your supervising Coordinator. The white and yellow copies with attached receipts must be forwarded by your supervising Coordinator to AARP Driver Safety Program at P.O. Box 93114, Long Beach, CA 90809-3114.

STANDARD ACTIVITY EXPENSE STATEMENT INFORMATION

This form is to be used for duties other then instructing, such as: Instructor workshops, other meetings and promotional activities. This expense statement must be approved by the Deputy State Coordinator prior to being sent for reimbursement.

Under "Date", list the date the expense was incurred.

Under "Explanation": Activity and Location, list the name of the activity, such as instructor workshop, and the city where it was held. Also list here, the number of miles driven. This may take two or three lines. If the statement is for supplies, write "**Supplies**", in this column. You may list up to nine activities on one statement. Be sure to include receipts for all expenses except mileage.

The bottom copy (goldenrod) is for your records.

Consistency is important. Always write your name the same way on all expense reports or use preprinted address labels on all copies.

ITEMS FOR WHICH YOU MAY OR MAY NOT RECEIVE REIMBURSEMENT

REIMBURSABLE ITEMS:

Office supplies (such as tape, envelopes, pens/pencils, and paper), postage, mileage, telephone charges related to AARP business, copying charges, parking/tolls.

NON-REIMBURSABLE ITEMS:

Computer, printer, modem, copier, projector, cell phone, fax machine, internet charges, TV, DVD player, extension cord, timer, bell, custodial fees, room rental, VCR/DVD rental, refreshments, promotional materials (hats, pens, etc.), briefcases, business cards, printer toner, non-consumable office equipment/supplies (examples-stamp pads, NO; stamp pad ink, YES) and copies of articles as handouts in class.

DEPUTY STATE COORDINATOR APPROVAL:

Ink Cartridges & Rubber Stamps.

For any additional items not listed above, contact the Deputy State Coordinator prior to purchase.

AARP DSP Standard Activity Expense Statement Object Code Descriptions

The Activity Codes located on the bottom right corner of the Standard Activity Expense Statement are used to describe and categorize expenditures claimed on the form. Listed below is an expanded description of each Activity Code.

5852: Driver Safety Course

This code is used for all course related expenditures not captured on the Course Tuition and Expense Report form (i.e., overnight charges, such as hotel charges, and co-instructors).

5853: Workshops

Used for workshops your Coordinator has scheduled (i.e., an Instructor workshop).

5854: Instructor Training & Mentoring

Used for all expenditures related to the training and mentoring of an Instructor. This includes but is not limited to: A. When attending a training as an Instructor Candidate or Instructor; B. When reviewing an Instructor for the first time; and C. When reviewing an Instructor for their annual review.

5855: Publicity/Promotion

Used for all expenditures related to promoting the AARP Driver Safety Program. This includes but is not limited to: A. When meeting with prospective sponsors; B. When meeting with sponsors to set-up classes; C. When meeting with media representatives for publicity assistance; D. When interviewing prospective Instructor Candidates; and E. When attending events such as fairs, exhibits, senior days, or giving a course orientation to civic or other groups, etc.

5856: Meetings other than Workshops

This code is used for expenditures related to meetings convened by your Coordinator, other than workshops.

5857: Administrative/Profile/Postage

Used for administrative supplies, postage, telephone and copy charges.

5858: Awards & Volunteer Recognition

Used for recognition items for sponsors and Driver Safety Program volunteers. This includes but is not limited to certificates, frames, plaques, etc. Some Coordinators may require approval for items prior to your purchase.

5860: Miscellaneous

Used for expenditures that does not fit in any of the other categories, such as conference registration for a State Coordinator.

INSTRUCTOR RECRUITMENT

INSTRUCTOR RECRUITMENT RESPONSIBILITIES

Instructors should always be looking for potential instructors among the participants in their classes. To become an instructor, a candidate usually requires an application from a current instructor. Each instructor should carry instructor applications and position descriptions for this purpose. The candidate may take the form with them and send it to the instructor (preferred for instructor comments) or to the district coordinator for processing.

VEHICLE CODE SECTIONS 1675, 1676 AND 1677

The vehicle codes are available for your reading at the web site <u>www.dmv.ca.gov.</u>

It is important to know:

1. <u>That the course is validated by these vehicle codes and cannot be changed without approval.</u>

2. <u>Class sizes for the initial courses are 30 students for a two day class and 25 students for a one day class.</u> The renewal, 240 minute, class is limited to 30.

3. <u>Each initial mature driver improvement course shall include not less than 400 minutes</u> of instruction. Each renewal mature driver improvement course shall include not less than 240 minutes of instruction.

4. <u>Certificates are valid for a period of three years from date of issue</u>. The certificate may be renewed by successfully completing a subsequent renewal mature driver improvement course within one year of the expiration of the certificate.

5. <u>Course registrations (or other electronic media containing the same information as the registrations) are required to be maintained for the life of the certificate. These registrations are maintained by the instructor.</u>

Instructor Candidate Guidelines

- 1 Instructor accepts application, completes lower right hand corner of the application and mails the application to District Coordinator.
- 2. District Coordinator calls the Instructor Candidate and if this person is still interested, the District Coordinator will make an appointment to interview the candidate in person. If the applicant appears to be a viable candidate, the District Coordinator will then sign off the first block on the back of the application and submit an on-line Personnel Form to the VMIS Manager to create a Volunteer ID number.*
- 3. The VMIS Manager will create a Volunteer ID number and e-mail a copy of the "Welcome Letter" to the District Coordinator and the Trainer. The District Coordinator will make a hard copy of the letter and mail it to the candidate.
- 4. The VMIS Manager will e-mail the Chief Trainer giving them the Instructor Candidates Name, Volunteer I.D. number, Section, Zone and Trainers Name. The Chief Trainer will enter the candidate into the Instructor Candidate Training Log.
- 5. When the District Coordinator receives the Volunteer ID number they call the Instructor Candidate and make an appointment to cover the Administrative Packet. If a mentor is currently being used this information would be forwarded to the mentor.
- 6. When the Administrative Packet (Mentoring) is completed, see page 18, the Mentor completes the Second Section on the back of the application.
- 7. The Mentor/District Coordinator (DC) will contact Badge Control and request a Name Badge and a sheet of address labels for Candidate.**
- 8. The application is now mailed to the Trainer.
- 9. When training is complete, the trainer will complete the Third Section of the application (Classroom Skills/Knowledge Training). The Trainer will e-mail or FAX the application (both front and back sides) to the VMIS Manager. The original application shall be mailed to the Zone Coordinator. The Zone Coordinator signs the date of administrative training and mails the original application to the District Coordinator. The Trainer will notify the Chief Trainer by e-mail or fax that the training is complete.

- 10. The original application shall become a permanent part of the Instructor's file. The Trainer will retain their copy of the application for 1 year from the date of completion and then destroy it.
 - * VMIS Manager is: Caryl Cole, Phone 760-247-8962 e-mail carylole@verizon.net
 - ** Badge Control is: Gene Wilkerson e-mail wgwilkerson@verizon.net

Name Badge & Mailing Label Request

The Badge request should include:

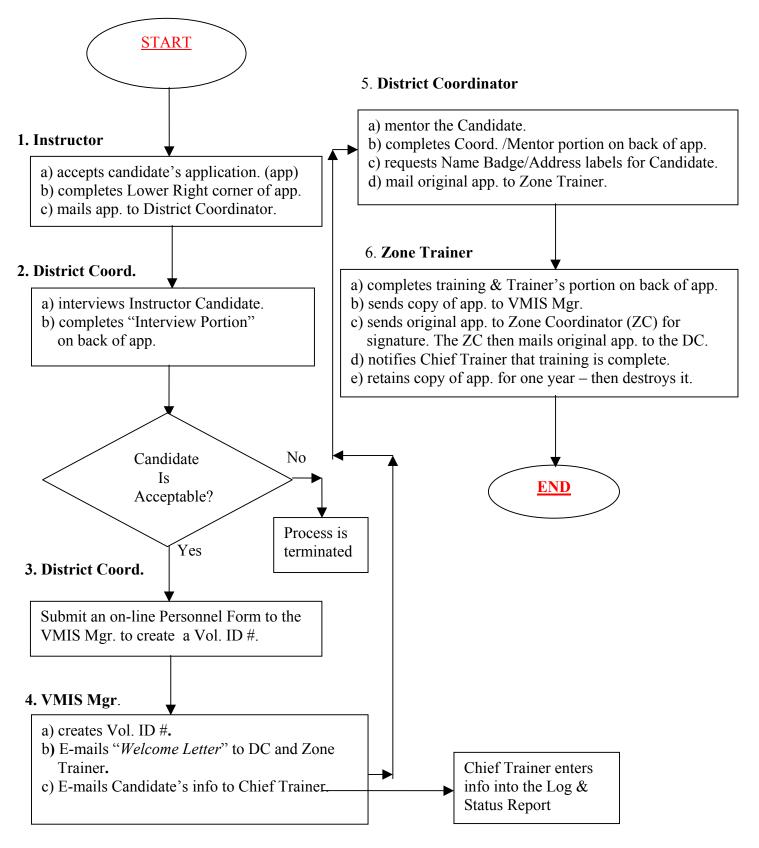
- 1. The name the Volunteer wishes to be called
- 2. The Volunteer's full name & position
- 3. The Volunteer's Resident City
- 4. The Volunteer's District and Zone Number.

If this is an Instructor Candidate, the badge will be mailed to the Zone Trainer for presentation at the conclusion of the training. All other badges will be mailed to the requesting volunteer. Be sure to include their address.

Address Labels should include:

- 1. Volunteer's full name
- 2. Volunteer's ID number
- 3. Volunteer's Position
- 4. Volunteer's PO Box/Street number
- 5. Volunteer's City, State, & Zip.

INSTRUCTOR CANDIDATE GUIDELINES



Mentoring

The Mentoring position in the AARP Driver Safety Program is designed to help the Instructor Candidate learn about the position of Instructor within the program. Mentoring will be conducted by the District Coordinator or a person designated as a Mentor.

A Mentor Shall Do The Following

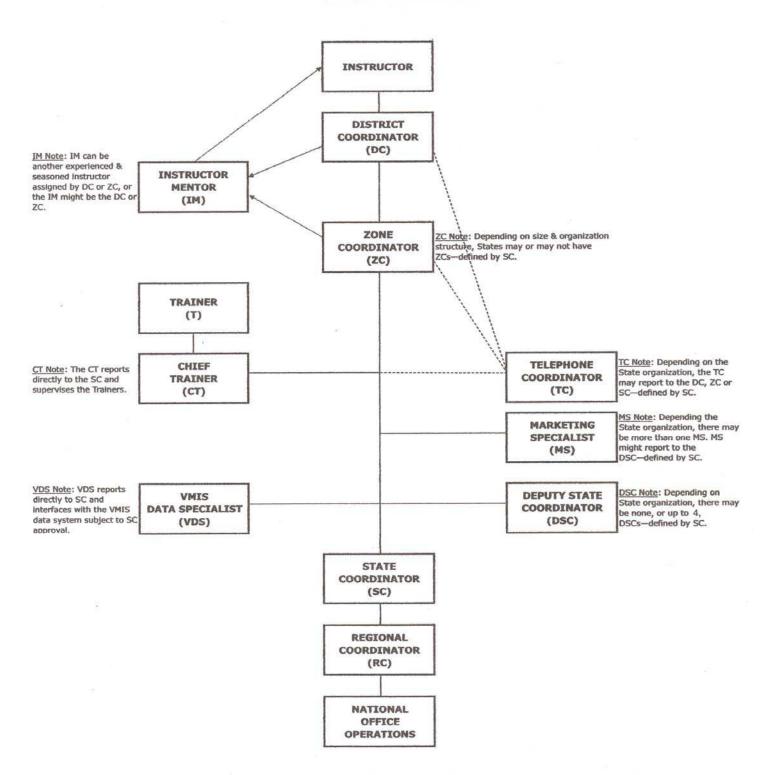
- 1. Explain the duties and responsibilities contained within the Instructor Candidate's Administrative Packet. (Order Packet Number D16482).
- 2. Review the Administration Requirements and be sure the Candidate understands them. The information sheet included in the Administrative Packet (page 2 of the packet) is now a discontinued document. This document can serve as a guide only.
- 3. Review the Instructor Candidate Orientation Administrative Packet. Be sure to point out any updated information. The current packet is dated 03-06 and there may have been some changes that need to be covered.
- 4. Explain to the Candidate who will be their supervisor.
- 5. Complete the Mentor's portion on the back of the Candidate's application.
- 6. This process will take approximately 2 to $2\frac{1}{2}$ hours to complete.

<u>Do Not</u>

- 1. Distribute the Instructors Manual. The Zone Trainer will distribute the Instructor's Manual.
- 2. Review any materials that will be covered by the Zone Trainer. If you are in doubt about what subject matter should not be covered...call the Zone Trainer.

AARP DRIVER SAFETY PROGRAM

Volunteer Structure



The organizational structure is established to assist the instructor in carrying out the program objectives. The instructor is the most important part of the Drive Safety Program. The connection lines indicate the normal reporting, communication and supervisory links.