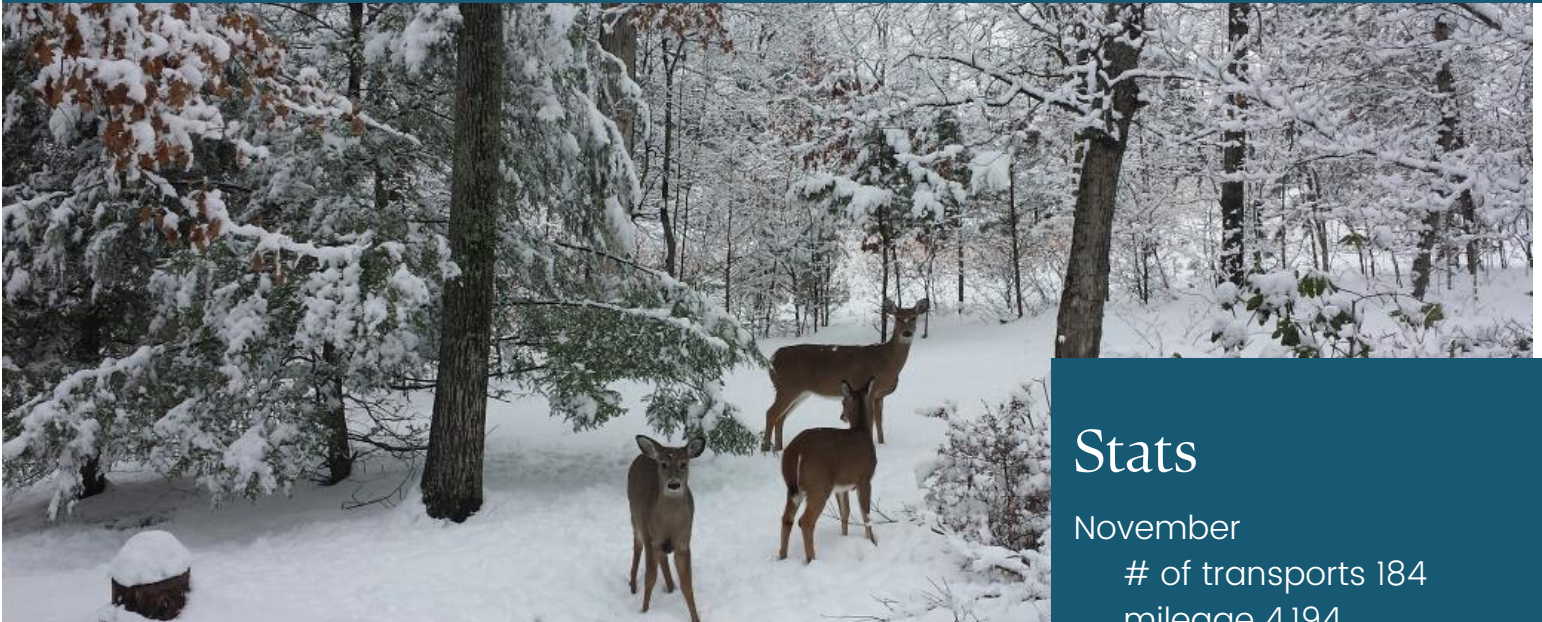


Month in Review



Stats

November

of transports 184
mileage 4,194
volunteer hours 201

Number 2022 Transports:
1,458

Number of Clients YTD:
64

New Client Applications
in 2022: 83

Approved new client
applications in 2022: 79



Thank you for coming to the Jingle and Mingle! There were a total of 18 guests in attendance between volunteers, board members and staff.

I was so busy talking and enjoying breakfast that I forgot to take photos!

(with the exception of two of the breakfast foods before everyone arrived, oops).

Thank you for taking time out of your schedules to join us, we look forward to seeing everyone again in the spring. Stay tuned for more information in the new year.

Do you know?...

A kangaroo can't walk backwards...true or false?

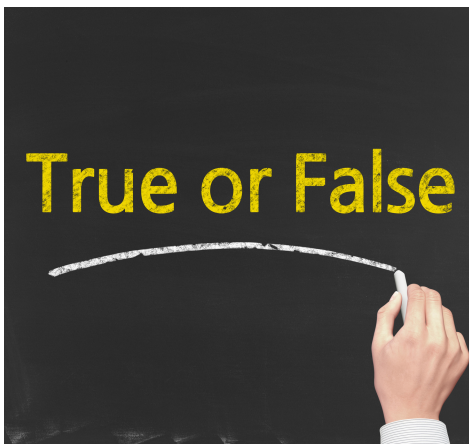
Some fish can cough...true or false?

Feet typically produce a pint of sweat a day...true or false?

Eating too many carrots will make you turn orange...true or false?

A pie can be cut into 8 pieces using only 3 cuts...true or false?

A can of diet soda will float in water, regular sinks...true or false?



Month in Review



Inclement Weather

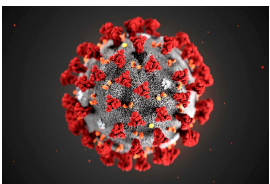
As we head into winter and potential for that dreaded four letter word, SNOW, below is a reminder of our inclement weather policy.

No driver will ever be asked to drive in weather or road conditions in which they feel uncomfortable. If you have a transport scheduled and wish to cancel, please notify the client and the WFW office ASAP.

You are free to decide on a case-by-case basis.

If you need guidance or wish to talk it through, please call the WFW office at 540-536-1006.

Covid Update



As of today, on the CDC website, Frederick Co, VA is listed as LOW

● Low

In Frederick County, Virginia, community level is Low.

- Stay up to date with COVID-19 vaccines
- Get tested if you have symptoms

People may choose to mask at any time. People with symptoms, a positive test, or exposure to someone with COVID-19 should wear a mask.

If you are immunocompromised, learn more about how to protect yourself.

Upcoming Events

now through December 17
Annual Fall Gas Raffle

December 18
Hanukkah begins sundown

December 24
Christmas Eve

December 25
Christmas Day

December 31
New Years Eve!

2023

January 3
Frederick Co Schools resume

January 16
Martin Luther King, Jr. Day

March 30
Rotary International Affair of
Food and Wine
WFW is the 2023 Beneficiary!

April 23
Tablescapes 2023

Month in Review

It's Flu Season



The 2022 flu season has begun. You may wish to sanitize your car before/after transports to help keep yourself and your client safe.

Most people who get the flu can treat themselves at home and often don't need to see a health care provider.

If you have flu symptoms and are at risk of complications, see your health care provider right away. Taking antiviral medication may shorten the length of your illness and help prevent more-serious problems.

If you have emergency symptoms of the flu, get medical care right away. For adults, emergency symptoms can include:

Common symptoms of the current strain include:

- Fever
- Aching muscles
- Chills and sweats
- Headache
- Dry, persistent cough
- Shortness of breath
- Tiredness and weakness
- Runny or stuffy nose
- Sore throat
- Eye pain
- Vomiting and diarrhea, but this is more common in children than adults

- Difficulty breathing or shortness of breath
- Chest pain
- Ongoing dizziness
- Seizures
- Worsening of existing medical conditions
- Severe weakness or muscle pain

Source: MayoClinic.org

Welcoming our newest volunteer!



Welcome!

New volunteer, Brenda Bresch, has completed orientation and begun driving. We are happy to have you!

With Brenda we are now operating with 21 active volunteers.

Month in Review



Did you know the answers?...

Each of the true and false statements on page one are...

TRUE

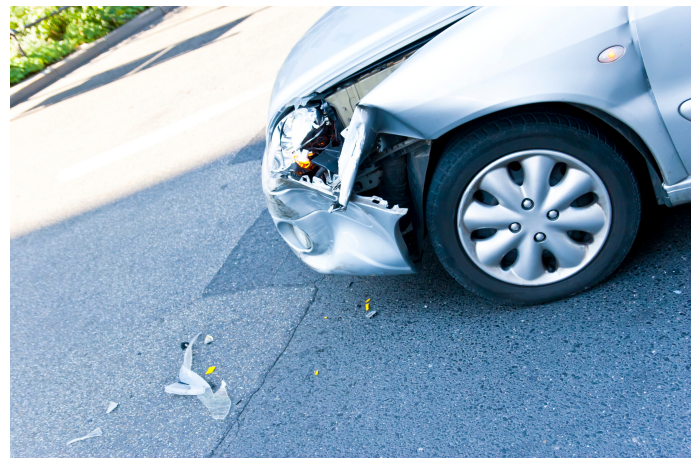
Incident Reports

As we all know, accidents happen.

Volunteer drivers are covered by WFW with an accident and liability insurance policy that is secondary to your own personal insurance. If you should happen to have an accident or an incident you feel needs to be reported please contact the WFW office *immediately*. Messages are checked often by Mike and if needed he forwards them to Traci.

Please see the last pages of this newsletter for the incident report that the insurance company requires be completed. Complete as much as possible, we understand that not all fields are applicable or known.

I will also make sure the PDF is emailed to everyone again soon.



ALLIANCE OF NONPROFITS FOR INSURANCE
RISK RETENTION GROUP (ANI)
www.insurancefornonprofits.org

POLICY NUMBER: 2022-25034

NAME OF INSURED: Winchester-Frederick-Clark Faith in Action; dba: Wheels for Wellness

Month in Review

New Volunteers are on their way!

New volunteer applications have been received and are in the process of being screened and trained through Valley Health Volunteer Services. A total of 5 new drivers will hopefully be joining the ranks in January or shortly after!

If you have friends, family or neighbors who may be interested in driving please let Traci know or refer them to the Volunteer page on the website, information about the program, volunteering and application can all be found on the page titled **Become a Volunteer**

<https://www.wheels4wellness.org/become-a-volunteer>



Questions, Comments or Suggestions?

Do you ever have questions about Wheels for Wellness?

- | | |
|--------------|---------------|
| Operations? | Guidelines? |
| Volunteers? | Clients? |
| Suggestions? | Observations? |
| Comments? | Complaints? |

Now is your opportunity to offer your insights you feel could benefit the program.

An email will be going out to volunteers in the next few weeks asking questions about your experience with WFW and asking for feedback. We've done this the past few years at the end of the year.

Please take a few minutes to answer the questions and offer any feedback you believe would be helpful, or let us know about things we may not see since we're in the office.

When your replies are submitted, they will be received as anonymous so please feel free to be open and honest with your answers. I will not know who submitted the responses.



Month in Review



I don't know about you, but my year flew by! It feels like just yesterday it was summer. I am not a cold and winter weather person, so I can happily counting down the days until spring. But, I love Christmas (trees) so this time of year has an all my glory and with a 9-year-old the magic of Christmas still exists in my home.

Thank you for making my job easier. Having such a dedicated and dependable volunteer base I am able to focus my time on other aspects of the organization, such as grant writing and fundraising.

We have had a great year. We've had new volunteers join the fleet and more who will be joining us soon. Tablescape was back in 2022, first year since 2019. We hosted a record crowd and best net profit to date. Efforts on creating brand awareness seem to be working. Referrals from physicians offices, clinics and medical facilities have increased, so we have reached more individuals in need. Every week the caseload has increased, we are slowly but steadily headed toward pre-pandemic levels.

I hope your holidays are filled with fun and laughs, family and friends and you have time to relax and spend time doing things you love.

Merry Christmas,
Joni

The photo used in the header and in the holiday cards was taken in our backyard in Lake Holiday.



Month in Review

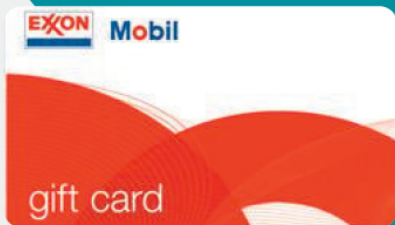
Annual GAS RATTLE

Who wouldn't LOVE to WIN \$500 in gas???



1st Prize: \$500 Exxon/Mobil gift card
Compliments of HN Funkhouser

2nd Prize: \$75 Mastercard
Gift Card AND \$50 Food
and Laughs gift card
Compliments of First Bank and
John & Ann Lamanna



3rd Prize: \$50 Exxon/Mobil gift card
Compliments of John & Ann Lamanna

Tickets \$5 each or 5 for \$20

Available at www.Wheels4Wellness.org or call 540-536-1006

Drawing Saturday, December 17 at noon



Benefitting: Wheels for Wellness



Wheels for Wellness is a 501c3 nonprofit that provides door-to-door transportation to medical appointments and treatment for those in the region lacking other means of transportation.

EIN 26-2937544



A Head for Insurance. A Heart for Nonprofits.

Including ALLIANCE OF NONPROFITS FOR INSURANCE (ANI) & NONPROFITS INSURANCE ALLIANCE OF CALIFORNIA (NIAC)

www.insurancefornonprofits.org

Incident Report Form

CLAIMS REPORTING PROCEDURE

If you have a question concerning whether to report an incident or claim, call your broker.

- NONPROFIT / INSURED** – Complete all items to the best of your ability, sign and date page 2, and immediately give it to your supervisor.
- Supervisor** – Fax this Incident Report Form to your insurance broker immediately.
- Important:** Retain any equipment or furniture which caused or contributed to an injury until it can be inspected by an insurance representative.

BROKER – Refer to our website for instructions on claim reporting.

If a claim needs to be reported after business hours or on the weekend, call (866) 718-1947.
This number is reserved for true claims emergencies after business hours and weekends.

General Information

Name of Nonprofit Organization			ANI/NIAC Policy Number	
Name of Contact		Title		
Nonprofit Address – Street		City	State	Zip
Business Phone # ()	Ext.	Business Fax # ()	E-mail Address	

Incident Information

Date of Incident	Day of Week (circle one) Mon Tue Wed Thurs Fri Sat Sun	Time of Incident AM / PM	Did the incident occur on organization's premises? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location of Incident (if possible, take pictures of the area with a digital or disposable camera)			
Description of Incident (A brief factual account of the incident; include who was involved, how the incident occurred and what action is being taken in response to the incident. Use the back of the sheet if more space is needed.)			

Witness Information

	Name and Address	Daytime Phone	Email Address	DOB
1.				
2.				

Claimant Information

1. Name of Injured Party		DOB	<input type="checkbox"/> Employee	<input type="checkbox"/> Client	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Visitor
			<input type="checkbox"/> Other -			
Address - Street			City		State	Zip
Home Phone #		Business Phone #		Email Address		
()		()				
Description of Injury (nature and extent of; please be specific):						
Transported by Ambulance		Name and Phone # of Hospital or Doctor, if applicable				
<input type="checkbox"/> Yes <input type="checkbox"/> No						

Observations of Nonprofit

Claimant's Attire/Description of Clothing (i.e., shorts, t-shirt)	Type of Shoes	Was Claimant carrying anything? (if yes, what)
		<input type="checkbox"/> No <input type="checkbox"/> Yes -
Describe claimant's demeanor when making the report (i.e., agitated, in obvious or no obvious pain, able to move around while describing what happened, etc.)		

(use the back of the form or attach an additional sheet of paper if needed)

Claimant Information

2. Name of Injured Party		DOB	<input type="checkbox"/> Employee	<input type="checkbox"/> Client	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Visitor
			<input type="checkbox"/> Other -			
Address - Street			City		State	Zip
Home Phone #		Business Phone #		Email Address		
()		()				
Description of Injury (nature and extent of; please be specific):						
Transported by Ambulance		Name and Phone # of Hospital or Doctor, if applicable				
<input type="checkbox"/> Yes <input type="checkbox"/> No						

Observations of Nonprofit

Claimant's Attire/Description of Clothing (i.e., shorts, t-shirt)	Type of Shoes	Was Claimant carrying anything? (if yes, what)
		<input type="checkbox"/> No <input type="checkbox"/> Yes -
Describe claimant's demeanor when making the report (i.e., agitated, in obvious or no obvious pain, able to move around while describing what happened, etc.)		

(use the back of the form or attach an additional sheet of paper if needed)

PRINT NAME OF INDIVIDUAL COMPLETING THE FORM

SIGNATURE

DATE



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www.insurancefornonprofits.org

Driver's Collision Report Form

IN THE EVENT OF A COLLISION:

NONPROFIT / INSURED Driver – Complete all items to the best of your ability, sign and date page 3, and immediately give it to your supervisor.
Supervisor – Fax this Driver's Collision Report form to your **insurance broker** immediately.

BROKER Refer to our website for instructions on claim reporting.

If a claim needs to be reported after business hours or on the weekend, call (866) 718-1947.
 This number is reserved for true claims emergencies after business hours and weekends.

Driver/Vehicle Information

Name of Driver (first and last)		Driver's Age	Driver License No.	State
Driver's Address – Street		City	State	Zip
		Telephone No. ()		
Name of Nonprofit / Employer			ANI/NIAC Policy Number	
Nonprofit/Employer Contact Name		Contact Email Address		
Nonprofit / Employer Address – Street		City	State	Zip
		Telephone No.		
Make of Nonprofit's Vehicle	Body Type	Year	License Plate #	V.I.N. (last four digits)
Damage to Nonprofit's Vehicle:				

Collision Information

Date of Collision	Day of Week (circle one) Mon Tue Wed Thurs Fri Sat Sun	Time of Collision AM / PM	Location - Street or Highway & City	
On what street were you driving?			Direction (circle one) N S E W	Speed (approximate)
On what street was other vehicle driving?			Direction (circle one) N S E W	Speed (approximate)
Police Report? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of reporting officer	Agency	Citation/Report #	
Witness #1 Name (first and last)		Telephone No. ()	Email Address	
Witness #2 Name (first and last)		Telephone No. ()	Email Address	

Description of Collision (include weather and road conditions):

(Use the back of this sheet if additional space is needed; please use the diagrams on page 3 to draw the collision)

Passenger(s) in Your Vehicle (attached additional pages if needed)

Name (first and last)	Telephone No. ()	Email Address	Age	Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Telephone No. ()	Email Address	Age	Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Telephone No. ()	Email Address	Age	Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No
Ambulance called to scene? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of doctor or hospital			

Other Vehicle Involved

Name of Driver (first and last)		Driver License No.	State
Address - Street	City/State/Zip	Telephone No. ()	Email Address
Name of Vehicle Owner (if different than above)		Telephone No. ()	Email Address
Name of Insurance Company	Policy #	Telephone No. ()	
Year/Make of Vehicle	Body Type	License Plate No.	State
Damage to Vehicle:			
Passenger's Name (first and last)	Telephone No. ()	Email Address	Age Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No
Passenger's Name (first and last)	Telephone No. ()	Email Address	Age Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No

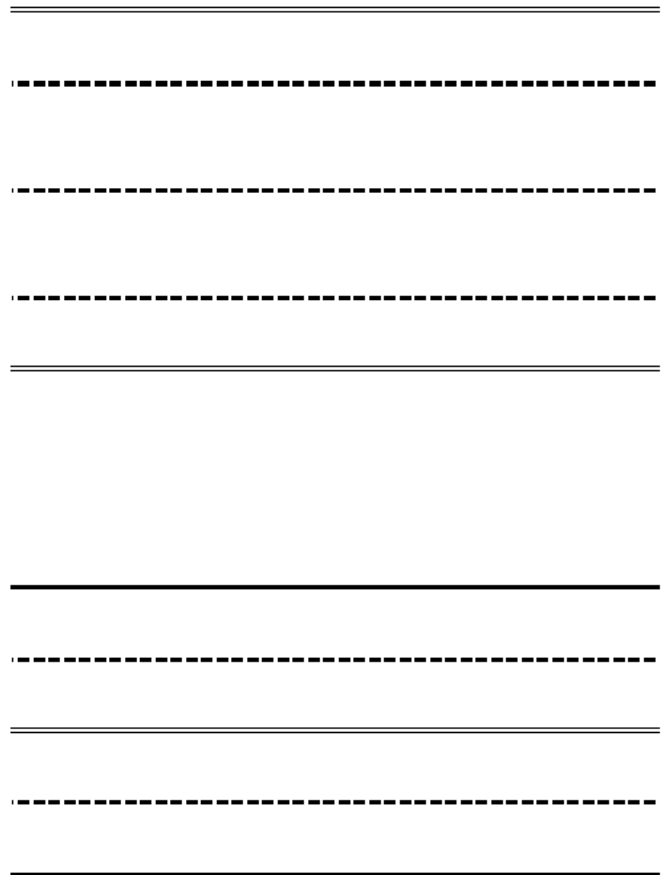
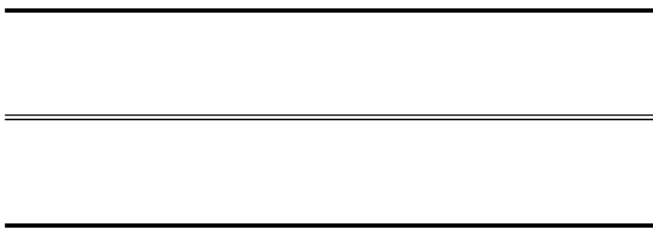
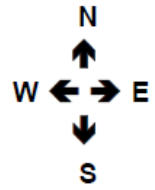
Other Vehicle Involved (if any)

Name of Driver (first and last)		Driver License No.	State
Address - Street	City/State/Zip	Telephone No. ()	Email Address
Name of Vehicle Owner (if different than above)		Telephone No. ()	Email Address
Name of Insurance Company	Policy #	Telephone No. ()	
Year/Make of Vehicle	Body Type	License Plate No.	State
Damage to Vehicle:			
Passenger's Name (first and last)	Telephone No. ()	Email Address	Age Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No
Passenger's Name (first and last)	Telephone No. ()	Email Address	Age Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No

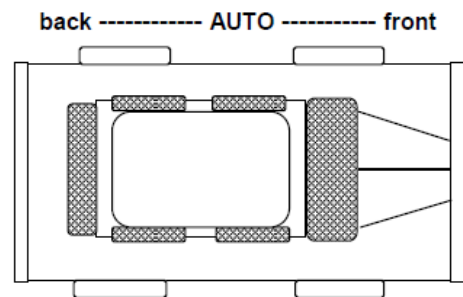
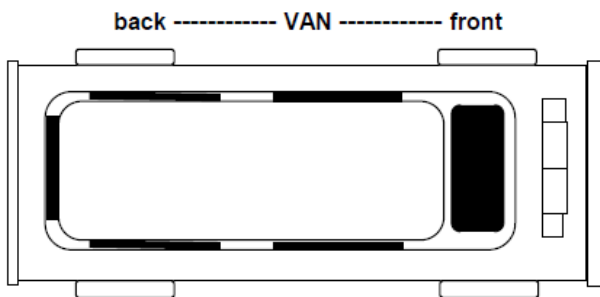
On the diagrams below, please draw the collision.
 (Be sure to include any stop signs or traffic signals.)

Legend:

- V 1 ▶ Your Vehicle
- V 2 ▶ Other Vehicle
- V 3 ▶ Other Vehicle (if any)



On the overhead diagrams below, please indicate the location of damage to *your* vehicle, if any.



 SIGNATURE OF DRIVER

 DATE