

**INSTRUCTIONS AND CONTRACT**  
**For The Use Of The**  
**LIONS DISTRICT 4-C6 A.J. ROBINSON MOBILE SCREENING UNIT**

**WHAT YOU ARE TO PROVIDE:**

1. You will need to have 110 V ac power available at the site. We have a 50 foot extension cord to plug into a 110 V socket so your electrical location should be within 50 feet of the location to be used by the Mobile Screening unit. A 15 Amp service is ample. Generator can also be used.
2. The site for the unit should be on flat ground approximately 50' x 15" with approach access at least 15' wide.
3. Your Lions Club will need to have an event chairperson and about 8 volunteers to staff the unit. The event chairperson will:
  - Complete the AJR Contract information and send it to the AJR Scheduler 30 days prior to the event.
  - Communicate to the AJR scheduler regarding details of the event.
  - If part of a health fair, communicate to the organizer the screenings that will be done by the Lions so that duplicate screenings can be avoided if possible and PR for event can include Lions screenings.
  - Create sign-up list for Lions and Leo event volunteers. If the event is going to be more than 4 hours, consider having two shifts of volunteers with a 30 minute overlap time to allow for them to train their replacement.
  - Arrange with driver to meet the AJR unit when it arrives on site. This person will show the driver where you want the unit placed and to help set up the unit.
  - Schedule the volunteers to arrive at the AJR unit and be ready for training at least 45 minutes to one hour before opening to the public to allow time for training and set up.
  - Ensure that all of the volunteers are assigned a specific job and receive training by the driver. These jobs are:
    - 2 people for registration table to assist participants to complete the consent form and Diabetes Screening form. These persons can also encourage those passing by to come for free testing.
    - 1 person at the front door to be sure that people enter safely and manage the flow into the unit. We have had people fall getting into the unit. Make sure entry assist handles are used.
    - 1 person at the exit to help people leave the unit safely and collect the yellow forms for our records. The white copies are for the participant being screened. We have had people fall exiting the unit. Make sure exit assist handles are used.
    - 1 person is needed for the Blood Pressure/BMI machine

- 1-2 people for vision screenings (unless able to get optometrists or ophthalmologists and determine if they want volunteers to do visual acuity testing so they can use the glaucoma testing equipment)
  - 1-2 people for hearing screenings (unless able to get audiologists)
  - Assist the driver with cleanup of the AJR and the immediate area at the close of operations.
4. The scheduler will notify the Diabetes Awareness Chairperson to arrange for the scheduling of one or two nurses for the diabetes screening depending on the expected number of people to be screened. Only trained and approved nurses can do diabetes screenings. The nurse will also review the results of the blood pressure testing and answer any general medical questions.
  5. Once the driver has the unit set up and has trained the volunteers, the driver will take a break and be available by cell phone.
  6. If the event is more than 4 hours, provide lunch/snacks/drinks for the driver and the volunteers.

### **WHAT WILL THE A. J. ROBINSON FOUNDATION PROVIDE?**

1. The Foundation will provide a driver who will drive the Mobile Unit to the location described in the contract. The driver is the ONLY ONE (Insurance Requirements) who is permitted to drive, park, move, or set up the Mobile Screening Unit.
2. The driver will set up the unit including electrical connection, leveling jacks, unpacking and setting up of all testing equipment, extend the side awning and provide the registration and liability forms.
3. At this time the driver will transfer responsibility for the A.J. Robinson Mobile Screening Unit and for operating the health screening tests to your Lions club event manager.
4. At the end of the health screening test period, the Lions of the sponsoring club are responsible for general cleanup of the unit and surrounding area while the driver is responsible for the breakdown of equipment and driving the Unit away.
5. The signed yellow copies of the Liability Release forms (one for each person screened) are to be given to the driver and they will be kept by the Foundation for a period of one year for your (and our) protection.
6. The yellow copies of the Diabetes screening forms will be given to the Diabetes Awareness Chairperson for any needed follow-up.

### **FEES**

1. For those Lion Clubs located within District 4C-6:
  - 1 day use: \$195.00, no mileage fee
  - Second days use: \$100.00, no mileage fee.

These fees are nonrefundable but if your plans change we will make every effort to reschedule the Mobile Screening Unit on an open date and credit the paid fees to your new usage.

If your club is a member club the first usage of the Mobile Screening Unit will be reduced by your membership fee up to \$100.00 (e.g. 25 members x\$4.00= \$100.00, your cost for your first usage would be \$195.00-\$100.00 or \$95.00)

The AJ Robinson equipment can be used without the use of the Mobile Screening Unit. Equipment would be the Vision and Hearing units. Forms would be furnished as normal for AJ use and the AJ banner would be loan out for Advertising. Usage fees are outlined as follows:

The use of one vision or one hearing unit and forms and Banner would be \$50.00 and require the club to arrange with the scheduler to be picked up.

The use of one vision and one hearing unit with forms and banner with driver transporting equipment would be \$95.00 arranged through the scheduler.

If a Club is using the Spot Vision camera (s) to do schools the Club will be charged \$50.00 for the first use and \$25.00 for each additional use during that Lion year ( July- June) for each vision screener. The Addendum has to be filled out with the number of schools, dates, and number of spot vision cameras being used. The A J Robinson Scheduler will advise the board of conflicts with confirmed dates before all dates are approved. The Scheduler or President will contact the Club with dates approved.

2. For those Lions Clubs located outside of District 4C-6 each days use is \$250.00/day plus \$1.00 per mile, one way, portal to portal plus \$100.00 for driver's overnight expenses (Room and Board) per night. These fees are nonrefundable but if your plans change we will make every effort to reschedule the Mobile Screening Unit on an open date and credit the paid fees to your new usage.

3. For non-Lions Club Organizations working with a local Lions Club each days use is \$350.00/day plus \$1.00 per mile, one way, portal to portal plus \$100.00 for driver's overnight expenses (for 2 days.) These fees are nonrefundable but if your plans change we will make every effort to reschedule the Mobile Screening Unit on an open date and credit the paid fees to your new usage. A non-Lions Club organization using the A.J. Robinson unit must be sponsored by a Lions Club. (Contact the president of the nearest local Lions club to arrange)

#### **ACCIDENTS AND INSURANCE:**

In case of any accident to any person or piece of equipment or vehicle when the Mobile Screening Unit is under the responsibility of your Lions club (i.e., from the time that the driver turns it over to you until the time that he drives the unit away), your club president or event chairperson must fill out an accident report on the form provided by the foundation and give a copy to the driver before he leaves.

The Foundation carries \$2,000,000.00 liability insurance. If any other group, other than an official Lions club, is involved with the use or operation of the

Mobile Screening unit, then they (the other group) shall provide evidence of at least \$1,000,000.00 liability coverage which names the A. J. Robinson Foundation as additional insured. Evidence of this coverage must be in the hands of the Scheduler/Treasurer before the Unit can be dispatched to your site. If the organization or person owning the location of the site where the Unit is to be used requires a certificate of insurance, you are to contact the Scheduler at least 2 weeks before the date of usage and furnish the following information:

- a. Name of organization or person to be named as additional insured.
- b. The organization contact individual and his phone number.
- c. The mailing address to which the certificate is to be sent.

## **REFUNDS**

If, for any reason, the Foundation is unable to provide the Mobile Screening Unit at the time and place as agreed, then all fees paid to the Foundation will be refunded to you. This is the limit of liability of the Foundation.

## **VOLUNTEER WORKSHEET**

A Volunteer worksheet is included with this contract to help you manage and schedule your volunteers for your event.

### **Please send all communication to:**

A.J. Robinson Foundation  
P O Box 18051  
San Jose, CA 95158

**Contract Agreement For Use Of The  
Lions District 4-C6 A.J. Robinson Foundation  
Mobile Health Screening Unit  
P.O. Box 18051, San Jose, Ca 95158**

Sponsoring Club Name \_\_\_\_\_

Event Name \_\_\_\_\_

Lions Club Event Chairperson Information:

Name \_\_\_\_\_

Mail Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Phone Home \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

Event Information: Vision \_\_\_\_\_ Hearing \_\_\_\_\_ Diabetes Screening \_\_\_\_\_

Date(s) of Use of Unit \_\_\_\_\_

Event Start time \_\_\_\_\_ End time \_\_\_\_\_

Location or address where the unit will be used \_\_\_\_\_

Directions to the Location \_\_\_\_\_

(Reminder: the unit needs a wide level site within 50 feet of 110v electrical service.  
Please attach a map if necessary to show the best way to the site.)

The Contract:

The president and event chairman of the sponsoring organization and the president and scheduler of the A. J. Robinson Foundation agree to all the above (pages 1 thru 3) conditions, procedures terms and fees for the use of the A. J. Robinson Mobile Screening Unit on the dates and at the site shown above. (For the purpose of definition, throughout these 3 pages "you" and "yours" refer to the sponsoring organization and "we" and "ours" refers to the Lions District 4-C6 A. J. Robinson Foundation.)

For the Sponsoring Organization: (name) \_\_\_\_\_

by \_\_\_\_\_  
President Date Event Chairman Date

For the Lions District 4-C6 A. J. Robinson Foundation:

by \_\_\_\_\_  
President Date Scheduler Date

**Contract Agreement Addendum For Use Of The  
Lions District 4-C6 A.J. Robinson Foundation  
Spot Vision Screening Unit (s)  
School District Rate  
P.O. Box 18051, San Jose, Ca 95158**

Sponsoring Club Name \_\_\_\_\_

School Name	Use Date	# of Vision Units
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**The Contract:**

The president and event chairman of the sponsoring organization and the president and scheduler of the A. J. Robinson Foundation agree to all the above (pages 1 thru 3) conditions, procedures terms and special fee for the use of the A. J. Robinson Spot Vision Unit (s) on the dates and at the school District shown above. (For the purpose of definition, throughout these 3 pages “you” and “yours” refer to the sponsoring organization and “we” and “ours” refers to the Lions District 4-C6 A. J. Robinson Foundation.)

For the Sponsoring Organization: (name) \_\_\_\_\_

by \_\_\_\_\_  
                     President                      Date                      Event Chairman                      Date

For the Lions District 4-C6 A. J. Robinson Foundation:

by \_\_\_\_\_  
                     President                      Date                      Scheduler                      Date

**LIONS A .J. ROBINSON MOBILE HEALTH SCREENING UNIT**

**EVENT** \_\_\_\_\_  
**DATE** \_\_\_\_\_ **Day** \_\_\_\_\_ **Time** \_\_\_\_\_ **to** \_\_\_\_\_  
**LOCATION** \_\_\_\_\_

**VOLUNTEER SIGN UP SHEET**

Call \_\_\_\_\_ if you have any questions  
Wear Lions Vest, Hat, and/or Club Shirt. Lions will be recruiting people for screening and this is an opportunity to recruit potential new Lions.

**NAME**

**CELL NUMBER**

**Shift Time** \_\_\_\_\_ **to** \_\_\_\_\_

1. \_\_\_\_\_

**Registration 1**

2. \_\_\_\_\_

**Registration 2**

3. \_\_\_\_\_

**BP/BMI mach**

4. \_\_\_\_\_

**Vision 1**

5. \_\_\_\_\_

**Vision 2 (optional)**

6. \_\_\_\_\_

**Hearing**

7. \_\_\_\_\_

**Manage Flow/Front**

8. \_\_\_\_\_

**Manage Flow/Back**

9. **Contact Val Isaacson, RN 408-464-3896**

**Diabetes Nurse 1**

10. **to schedule nurses**

**Diabetes Nurse 2**