



VOLUNTEER DRIVER STATEMENT OF UNDERSTANDING

The purpose of the volunteer driver is to provide safe and reliable transportation to and from essential services (e.g. medical facilities, social services, etc.).

Volunteer drivers in this program drive their own vehicles and may or may not be reimbursed for mileage expenses incurred. Only expenditures that have been requested by Haywood Community Connections Volunteer Transportation Program through the RSVP Program will be considered for reimbursement by RSVP. In order to be eligible for the RSVP program the volunteer must register and be at least 55 years of age. Mileage reimbursement is paid at 32 cents per mile up to \$19. per month plus supplemental liability insurance while volunteering is provided.

The rider being transported by a volunteer driver is a person who has been determined by Haywood Community Connections to have no appropriate means of personal transportation available.

Being in compliance with insurance coverage as required by the State is mandatory. I understand that I must meet these standards for motor vehicle insurance. My personal insurance is the primary liability protection and must be issued by a company authorized to do business in my state of residence.

I will provide proof of coverage of my vehicle insurance to my church Transportation Team Leader. In the event that my coverage changes or is canceled, I will immediately notify my church Transportation Team Leader of such changes or cancellations.

I have had a valid driver's license for the past three (3) years. I will provide a copy of my valid driver's license. I understand that my church Transportation Team and/or Haywood Community Connections may be requesting a State Patrol identification check and/or background check.

I am physically capable of driving my vehicle safely and will not drive while using any drug that may affect my driving ability, either prescription or “over the counter”. If requested by my church Transportation Team Leader I will provide a statement from my physician stating that I am capable of participating in this program.

My vehicle is mechanically sound and is equipped with seat belts which I will use and enforce use by my passengers. Children age 12 & under will be placed in the rear of the vehicle & child restraint (seats chairs) will be properly used for all children under 5 years or 40 lbs. I understand that this program does not provide transports for unaccompanied minors.

I will maintain all records required by Haywood Community Connections and/or my church Transportation Team Leader.

I will not accept donations from riders.

I will protect the rider’s right to confidentiality.

I have been provided with information about Haywood Community Connections, the purpose of the Volunteer Transportation Program, and my role as a driver and responsibilities.

I will notify my church Transportation Team Leader at the time I no longer wish to be involved in this program. Either Haywood Community Connections or I may terminate this agreement at any time.

I have read and understand the above statements.

Signed: _____ Date: _____