

Volunteer Driver Program Took Kit Volunteer Driver Statement of Understanding

On behalf of [ABCD], we would like to welcome you to the volunteer driver program. With your commitment, we can help reduce isolation and provide independence for seniors in need of assisted transportation, help them stay in their home and community and enhance their quality of life. Please read the statements below, and if you agree, sign and date this Statement of Understanding at the bottom of the form.

Statement of Understanding for Volunteer Drivers

I represent that my vehicle is mechanically sound and is equipped with seat belts, which I will use and require my riders to use.

I understand that my personal automobile insurance is my primary liability protection while driving for [ABCD]'s Volunteer Driver Program. I will immediately notify the Manager of the Volunteer Driver Program if my personal insurance is revoked, cancelled or altered in such a way that I no longer meet the minimum insurance requirements for the Province of Alberta.

I hereby represent that I am physically capable of driving my vehicle in a safe and responsible manner. I will not use alcoholic beverages or mood altering drugs, including over the counter medications, while serving as a volunteer driver. I will not accept these substances from riders.

I will conduct myself with dignity, courtesy, and consideration. I will be friendly, polite and respectful when serving riders.

I will assist the rider to and from, in and out of the vehicle and buildings as is appropriate.

I will provide good client service and treat my volunteer work with the same respect I would a paid position.

I will maintain a clean and neat appearance and visibly display my [ABCD] volunteer identification provided by [ABCD] during my shift.

I understand I must respect the privacy and confidentiality of the riders that I serve. If I have any concerns about the rider, I will refer him/her to [ABCD] staff rather than intervene on

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my own. I will limit the distribution of confidential information to only those staff with a legitimate need in the performance of the [ABCD]'s mission.

I will not accept or solicit money or tips, personal items or loans from my riders or request that my meals be paid for by my riders. I will not accept cheques for cashing, sign documents or arrange to buy or sell anything that belongs to a rider. Any donations a rider wishes to make to [ABCD] will be mailed directly to [ABCD] by the rider.

In the performance of my volunteer duties, I will avoid actual, perceived and potential conflicts of interest that might compromise [ABCD]'s integrity or reputation. I will not witness legal documents or legally represent a rider or a member of their family as Power of Attorney.

I will be reliable and punctual in the performance of my duties.

I will not make discriminatory or derogatory remarks to or about riders based on race, creed, religion, national origin, gender, disability, age, marital status, sexual orientation or status with regard to public assistance.

I will not impose my religious beliefs on riders.

I understand that sexual remarks, harassment or contact with riders is inappropriate and grounds for dismissal.

I will not use my cell phone, text, wear headphones, or eat and consume beverages while driving.

I will not smoke in the vehicle nor allow a rider(s) or a rider's companion to smoke.

I will not accept responsibility for any rider's personal items.

I will notify the Manager of the Volunteer Driver Program immediately if I am involved in a motor vehicle collision, or receive a traffic citation that affects my driving record. I understand that failure to maintain a satisfactory driving record may result in my termination as an [ABCD] volunteer driver.



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I understand that as a volunteer driver, I am representing [ABCD]. I have a responsibility to [ABCD], to those who direct my work, to the riders and to the public to uphold this Statement of Understanding.

I will notify [ABCD] at the time I no longer wish to be involved as a volunteer driver. Either [ABCD] or I may terminate this agreement at any time.

I have read and understand the above statements of understanding.

Volunteer signature:

Date:

Signature of witness:

Role:

Date: