

Cambridge Neighbors 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.), as well as other destinations (e.g. the library, supermarket, etc.). Volunteer drivers in this program drive their personal cars.

My personal insurance is the primary liability protection and must be issued by a company authorized to do business in Massachusetts. I will provide proof of coverage of my vehicle insurance. In the event that my coverage changes or is cancelled, I will immediately notify Cambridge Neighbors of such changes or cancellations.

I have had a valid driver's license for the past five years.

I have had no at-fault vehicle accidents in the past three years and agree to have Cambridge Neighbors verify my driving record. I will notify immediately and provide Cambridge Neighbors with a copy of:

- 1. A report in the event I am involved in an auto accident;
- 2. Any traffic citation that I may receive while this agreement is valid.

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, 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.

I will not accept donation from riders. If appropriate, I will suggest that riders make a donation directly to Cambridge Neighbors. I will pay for gas. The rider will pay for tolls and parking fees.

I will protect the rider's right to confidentiality and to pursue an independent lifestyle, and be non-judgmental in my interactions with them.

I have been provided with information about Cambridge Neighbors, the purpose of the volunteer transportation program, and my roles and responsibilities as a volunteer driver.

I will notify Cambridge Neighbors at the time that I no longer wish to be involved in this program. Either Cambridge Neighbors or I may terminate this agreement at any time.

Name (print):	
Signature:	Date: