

VOLUNTEER DRIVER PROGRAM RIDER AGREEMENT
Please read, sign and return to the Peninsula Shepherd Center Office
Thank you.

General:

- ❖ Riders must be mentally alert.
- ❖ Riders must be ambulatory or able to self-transfer into and out of the vehicle. If not, they must be accompanied by a caregiver.
- ❖ When calling for service, please state your name, date of trip, address and phone number.

Volunteer Driver Service:

The personal volunteer driver program provides two (2) individual rides per month for non-emergency medical appointments and necessary errands. **We request that clients please call at least one week (7 days) in advance for this service.** Rides are donation based. Please no tipping or paying the driver. Donations may be sent to PSC at 1475 Catalina Blvd. San Diego, CA 92107.

Policies:

- ❖ Advance notice, a minimum of one week (7 days) requested for all appointments. (PSC may refuse to accept appointments if not given enough time.)
- ❖ Medical rides should be scheduled between 9:00am-3:00pm.
- ❖ Rides are provided 2 times a month, based on PSC's ability to obtain a volunteer driver.
- ❖ Parking fees are the responsibility of the rider.
- ❖ **Cancellations:** If you need to cancel a ride, please notify the PSC office with at least 24 hours' notice. Excessive cancellations may result in dismissal from the program.
- ❖ **Donations/Fees:** Rides are donation based. If you would like to donate, you may donate directly to the program. Please no tipping or paying the driver. Donations may be sent to PSC at 1475 Catalina Blvd. San Diego, CA 92107. The Out and About Transportation Program annual membership fee is \$25. The membership fee covers you for a full year and for all your transportation needs.
- ❖ **Driver Issues/Concerns:** If there is a problem or concern with a driver, riders should call PSC and notify the staff immediately, at 619-223-1640. PSC reserves the right to refuse service to any client deemed inappropriate for the program.

PSC provides all volunteers with additional liability coverage through Nonprofits' Insurance Alliance of California Company.

Print Name: _____

Signature: _____

Date: _____