Volunteer Driver Program

DRIVER AGREEMENT FORM

Use this form to register as a volunteer driver. If you are a volunteer for multiple riders, you must submit a separate form for each rider. All volunteers must submit a copy of a current, valid driver's license with this form. For assistance completing this form, please contact the Marin Access Travel Navigators at (415) 454-0902.

Tell us about yourself:

Volunteer First Name: **Volunteer Last Name:**

Volunteer Phone: **Email:**

Street Address: **Apartment or Unit Number:**

City: **Zip Code:**

Tell us about the rider:

Rider First Name: **Rider Last Name:**

Rider Phone: **Marin Access ID** (if known)**:**

Your relationship to rider: ☐ Caregiver ☐ Family Member ☐ Friend ☐ Neighbor

☐ Other:

Form continues on next page →

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Agreement

I understand that all drivers in California are required to possess current vehicular insurance. I agree to carry my passenger in a safe, efficient and courteous manner in my private vehicle.

☐ I agree

I understand and agree that I have been asked and am freely volunteering to assist my passenger, as mutually convenient for both of us, and that I am neither employed by my passenger, Marin Transit or Marin Access.

☐ I agree

I understand that it is the responsibility of the rider and/or driver to submit the 'Request for Mileage Reimbursement Form' by the 10th of the month following the month of travel, and that my passenger will pay the reimbursement to me when it is received; I understand that I may assist the rider to submit their request on time.

☐ I agree

I understand that requests for mileage reimbursement may not be paid if not received in a timely manner or if funds are not available for payment.

☐ I agree

I understand that, by my signature below, I agree to forever release Marin Transit and Marin Access from liability and agree to indemnify and hold harmless Marin Transit and Marin Access, their officers, directors, agents, employees and volunteers, from any and all claims, losses, and liabilities (including costs and attorney fees)hereafter for damage to property or injury or death to myself or others arising out of or in anyway connected with my participation in the STAR or TRIP program as a volunteer escort and driver.

☐ I agree

I understand that I am not an employee of Marin Transit or Marin Access, nor am I an independent contractor. The compensation for mileage I receive is from the person I am driving, not from Marin Transit or Marin Access.

☐ I agree

I understand that the information that I am providing is confidential and will only be used for the purpose of processing my enrollment as a volunteer driver under the program's applicable policies and procedures.

☐ I agree

Signature: _____ **Date:** _____

Submit this form by:

Mail: PO Box 2387
San Rafael, CA 94912

Email: travelnavigator@marinaccess.org