Volunteer & Driver Waiver, Release & Acknowledgment

Organization: Lake Whitney Veterans Center of Resources ("VCR")
Volunteer Name: _____
Address: _____
Phone: _____ Email: _____
Emergency Contact: _____
Emergency Contact Phone: _____
Effective Date: _____

Lake Whitney Veterans Center of Resources appreciates individuals who volunteer their time, skills, vehicles, and compassion to help veterans and their families.

This Volunteer/Driver Waiver applies to individuals who volunteer for VCR, including volunteers who transport veterans to or from VA facilities, medical appointments, community resources, or other approved destinations.

1. Volunteer Status

I understand that I am serving as a volunteer for Lake Whitney Veterans Center of Resources and that my participation is voluntary.

Unless separately agreed to in writing, I am not an employee of VCR and am not entitled to wages, employee benefits, or other compensation for my volunteer services.

VCR may accept, decline, suspend, or terminate a volunteer's service at any time.

2. Driver Requirements

If I volunteer to transport veterans or other approved passengers, I represent that:
• I possess a valid driver's license appropriate for the vehicle I operate.
• I will comply with all applicable traffic laws.
• I will not knowingly operate a vehicle that is unsafe or improperly maintained.
• I will maintain legally required automobile insurance.
• I will not drive while impaired by alcohol, illegal drugs, or any medication or substance that makes driving unsafe.
• I will not text or use a handheld device while driving in a manner prohibited by law or that creates an unsafe driving condition.
• I will require passengers to use available seat belts and will follow applicable child passenger safety requirements when applicable.

• I will use reasonable care for the safety and dignity of every passenger.

3. Personal Vehicle

If I use my personal vehicle while volunteering for VCR, I understand that I am responsible for maintaining my vehicle in a safe operating condition and for maintaining legally required insurance.

Unless VCR has specifically agreed otherwise in writing, I understand that my personal automobile insurance is the primary insurance applicable to my vehicle and its operation.

VCR does not guarantee reimbursement for fuel, mileage, parking, tolls, repairs, deductibles, tickets, vehicle damage, or other expenses unless such reimbursement has been specifically approved under VCR's current policies.

4. Transportation of Veterans

I understand that veterans receiving transportation assistance may have physical limitations, disabilities, mobility challenges, emotional distress, or other circumstances that may require patience and understanding.

I agree to:
• Treat every veteran with dignity and respect.
• Protect the veteran's privacy.
• Avoid discrimination, harassment, intimidation, or inappropriate conduct.
• Follow reasonable instructions provided by VCR.
• Contact VCR if I encounter a situation that I believe requires assistance.
• Never knowingly abandon a veteran in an unsafe location.
• Report significant incidents, accidents, injuries, or safety concerns to VCR as soon as reasonably possible.

5. No Medical Care

Unless I am separately qualified, authorized, and assigned to provide such care, I understand that I am not a medical professional and am not responsible for providing medical treatment.

I will not represent myself as a healthcare provider or provide medical advice to a veteran.

If a passenger experiences a medical emergency during transportation, I will take reasonable steps to obtain emergency assistance, including calling 911 when appropriate.

6. Boundaries and Personal Conduct

I agree to maintain appropriate professional and personal boundaries with veterans and other individuals served by VCR.

I will not:
• Engage in sexual or inappropriate conduct with a person being served by VCR.
• Threaten, intimidate, harass, or abuse another person.
• Use my volunteer position for personal financial gain.
• Borrow money from or lend money to a veteran being served through VCR.
• Request inappropriate personal favors.
• Use confidential information for personal purposes.
• Transport unauthorized passengers while performing an assigned VCR transportation service without appropriate approval.
• Take a veteran somewhere other than the approved destination without appropriate consent or authorization, except when necessary for safety or an emergency.

7. Confidentiality and Privacy

During my volunteer service, I may learn private information about veterans and their families.

I agree to respect the confidentiality of information I receive through my volunteer activities.

I will not share a veteran's personal information, medical information, financial information, housing circumstances, telephone number, address, photographs, or other private information with others unless disclosure is authorized or reasonably necessary for safety or the performance of my volunteer duties.

I understand that confidentiality obligations may continue after my volunteer service ends.

8. Communication and Documentation

When appropriate, I agree to communicate with VCR regarding transportation

assignments, schedule changes, delays, accidents, safety concerns, or other matters relating to my volunteer responsibilities.

I will provide accurate information to VCR and promptly notify VCR if my driver's license, insurance, or ability to safely perform transportation duties changes.

9. Assumption of Risk

I understand that volunteering and transporting individuals may involve risks, including but not limited to:

• Automobile accidents
• Traffic and roadway conditions
• Weather conditions
• Injury
• Illness
• Exposure to infectious conditions
• Property damage
• Unexpected behavior or circumstances
• Risks associated with entering or leaving a vehicle

I voluntarily choose to participate and acknowledge these potential risks.

10. Release and Waiver

To the fullest extent permitted by Texas law, I voluntarily release and hold harmless Veterans Center of Resources and its directors, officers, employees, agents, and volunteers from claims arising from my voluntary participation or transportation activities, except to the extent caused by conduct that cannot legally be released or waived.

I understand that this waiver is intended to be interpreted as broadly as legally permitted while preserving any rights that cannot lawfully be waived.

11. Accidents and Insurance

I understand that automobile accidents may result in injuries or property damage.

I agree to report any accident occurring during an approved VCR volunteer assignment to the appropriate authorities when required and to notify VCR as soon as reasonably

possible.

I understand that VCR does not guarantee coverage for my vehicle, my personal property, or injuries I may sustain while volunteering unless such coverage has been expressly provided to me in writing.

12. Background and Driver Screening

I understand that VCR may establish screening requirements for volunteers and drivers based on the nature of the volunteer assignment.

Depending on the position, VCR may request information concerning driving qualifications, insurance, references, or other screening information permitted by law.

Providing information for screening does not guarantee acceptance as a volunteer or driver.

13. Right to Decline an Assignment

I understand that I may decline a volunteer assignment if I believe I am unable to safely or appropriately perform it.

I will notify VCR as soon as reasonably possible if I cannot fulfill an accepted assignment.

Likewise, VCR may remove or reassign me from a volunteer or driver assignment when it believes doing so is appropriate for safety, program, or organizational reasons.

14. No Guarantee of Volunteer Coverage

I understand that VCR cannot guarantee that a driver or volunteer will always be available for a requested service.

Transportation and other volunteer assistance are subject to volunteer availability, organizational resources, scheduling, eligibility, and other circumstances.

15. Emergency Contact

I authorize VCR to contact the emergency contact listed on this form if VCR reasonably believes that an emergency involving me has occurred while I am volunteering.

16. Acknowledgment

By signing below, I acknowledge that:

1. I have read and understand this Volunteer/Driver Waiver.
2. I have had an opportunity to ask questions about it.
3. I understand the responsibilities associated with volunteering for VCR.
4. I understand the additional responsibilities associated with transporting veterans.
5. I understand that safe, respectful, and responsible conduct is required.
6. I voluntarily agree to participate as a VCR volunteer.
7. I agree to notify VCR if information I have provided becomes inaccurate or if circumstances change that could affect my ability to safely volunteer or drive.

I understand that this document does not replace any VCR policies, procedures, driver requirements, insurance requirements, or other agreements that may apply to my volunteer service.

Volunteer Signature

Signature: _____

Printed Name: _____

Date: _____

VCR Representative

Name: _____

Title: _____

Signature: _____

Date: _____

DRIVER INFORMATION

Complete this section if the volunteer will transport veterans or other approved

passengers.

Driver’s License State: _____

Driver’s License Number: _____

Expiration Date: _____

Vehicle Year: _____

Make: _____

Model: _____

Color: _____

License Plate: _____

Automobile Insurance

Insurance Company: _____

Policy Number: _____

Policy Expiration Date: _____

I certify that the information above is accurate and that I maintain automobile insurance as required by applicable law.

Driver Signature: _____

Date: _____

_____

VCR USE ONLY

Driver’s License Verified: ☐ Yes ☐ No

Insurance Verified: ☐ Yes ☐ No

Background/Safety Screening Completed: ☐ Yes ☐ No ☐ N/A

Driver Approved: ☐ Yes ☐ No

Approved By: _____

Date: _____

Notes: