

**ACCESS SAN JOAQUIN**  
**Volunteer Incentive Program (VIP)**  
**VOLUNTEER DRIVER WAIVER**

Mail to: Access San Joaquin, Attn: Mobility Department  
P.O. Box 201010  
Stockton, CA 95201  
209.943.1111 Ext. 685 | (209) 948-3024 (Fax) | [access@sjRTD.com](mailto:access@sjRTD.com)

**This form must be received before  
any reimbursement can begin**



**Volunteer Driver Information**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Apt/Space:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

1. I understand that everyone in California is required to possess a current and valid driver's license and vehicle insurance while operating any vehicle.
2. I agree to transport my passenger in a safe, efficient and courteous manner in my private vehicle.
3. 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 not employed by my passenger, VIP, Access San Joaquin or San Joaquin Regional Transit District.
4. I understand that it is the responsibility of my passenger to turn in a monthly *Request for Mileage Reimbursement* form at the end of each month of travel, and that my passenger will pay the reimbursement to me when it is received. I may assist my VIP passenger to submit the request on time. I understand that it is my responsibility to notify VIP staff if my passenger fails to pay me the Mileage Reimbursement for the volunteer driving I provided as a volunteer. I also understand that *Reimbursement* claims may not be paid if not received in a timely manner, if funds are not available for payment, if the submitted trips are not qualified as medically-related, or if an audit reveals that there has been a fraudulent claim.
5. I understand that, by my signature below, I agree to forever release from liability and agree to indemnify and hold harmless VIP, Access San Joaquin, San Joaquin Regional Transit District, and any organizations or individuals who have made contributions to support this program, 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 any way connected with my participation in VIP as a volunteer escort and driver.
6. I understand that the information that I am providing is confidential and will only be used by VIP for the purpose of maintaining records to assist the enrolled passengers.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Passenger: \_\_\_\_\_ Relationship: \_\_\_\_\_