



ACCESS SAN JOAQUIN
VOLUNTEER DRIVER WAIVER



This form must be received before any reimbursement can be given.

Mail to Attn: Access San Joaquin

PO Box 201010, Stockton, CA 95201

(209) 242-9965 | (209) 948-3024 (Fax) | access@sjRTD.com

Volunteer Driver Information

First Name: _____ Last Name: _____ Middle Initial: _____

Address: _____ Apt/Space: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ E-mail: _____

Driver's License Number:

Vehicle License Plate:

Insurance Carrier:

1. I understand and agree that I must possess and will maintain a current and valid California driver's license and the minimum level of liability vehicle insurance as required by California state law.
2. I understand and agree that I am volunteering to transport the MY RIDE passenger(s) in a safe, efficient, and courteous manner in my private insured vehicle at no cost to the MY RIDE passenger.
3. I understand and agree that I am freely volunteering to assist the MY RIDE passenger, as mutually convenient for both of us, and that I am not an employee of my passenger, MY RIDE Access San Joaquin, or the San Joaquin Regional Transit District.
4. I understand and agree that it is the responsibility of the MY RIDE passenger to turn in a monthly *Request for Mileage Reimbursement* form at the end of each month of travel, and that the MY RIDE passenger will pay the reimbursement to me when it is received. I understand that I may assist the MY RIDE passenger to complete and submit the *Request for Mileage Reimbursement* form.
5. I understand that it is my responsibility to notify MY RIDE staff if my passenger fails to pay me the mileage reimbursement for the 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 do not qualify for reimbursement, or if an audit reveals that there has been a fraudulent claim.
6. I understand that, by my signature below, I agree to forever release from liability and agree to indemnify and hold harmless Access San Joaquin MY RIDE, the 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 MY RIDE as a volunteer escort and driver.

7. I understand that the information that I am providing is confidential and will only be used by MY RIDE for the purpose of maintaining records to assist the enrolled MY RIDE passengers.

Printed Name: _____

Signature: _____ Date: _____

Name of MY RIDE Passenger: _____ Relationship: _____

Name of MY RIDE Passenger: _____ Relationship: _____



Access San Joaquin
PASSENGER WAIVER

This form must be received before any reimbursement can be given.

Mail to Attn: Access San Joaquin
PO Box 201010, Stockton, CA 95201
(209) 242-9965 | (209) 948-3024 (Fax) | access@sjRTD.com



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

Based on my ADA eligibility, I would like to enroll in MY RIDE - the volunteer driver transportation reimbursement program. I understand that the information I am and will be providing will be treated as confidential, only to be used to determine my continuing eligibility and my driver's reimbursements for the program, and will be retained as a permanent part of my service file.

1. All of the information which I may provide will be true and accurate to the best of my knowledge. I authorize representatives of MY RIDE to contact persons whom I have named, or to make other inquiries as necessary, to verify the information which I provide.
2. I understand that it is the policy of Access San Joaquin to pursue any alleged or suspected instances of fraud and I agree to provide requested documentation for the auditing of any reimbursement claims. A "fraudulent claim" is committed when a false representation of a present or past fact is made by a MY RIDE passenger, members of their family, or unrelated person such as their caregiver or volunteer driver, which results in the release of funds. Access San Joaquin reserves the right to take legal action if I do not pay my driver within 10 days of receiving the reimbursement.
3. I agree to abide by all MY RIDE Policies, as communicated to me in the accompanied documents and Rider's Guide that I have received, or as communicated to me in any other way, and I acknowledge that failure to abide by these policies may result in the termination of MY RIDE services.
4. I acknowledge that MY RIDE is not an ADA service, that being driven by others may be an inherently dangerous activity and that my participation in this program could involve some danger to my person, to my property, or the person or property of others. In consideration of my participation in MY RIDE however, I hereby forever release from liability and agree to indemnify and hold harmless Access San Joaquin MY RIDE, San Joaquin Regional Transit District, and any and all organizations, agencies or individuals who provide funding to or otherwise support the program, from any and all claims, losses, and liabilities arising out of or in any way connected with my participation in the Access San Joaquin MY RIDE program.

Applicant's Signature: _____ Date: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Print Name of Preparer and Relationship: _____
(If Other than Applicant)



Access San Joaquin

MY RIDE POLICIES

Mail to: Attn: Access San Joaquin

PO Box 201010, Stockton, CA 95201

(209) 242-9965 | (209) 948-3024 (Fax) | access@sjRTD.com



Eligibility

MY RIDE is only available to San Joaquin County residents who are currently ADA-certified through Access San Joaquin's eligibility assessment. Should the passenger and/or the driver move, *Access San Joaquin must be notified of the new address within 10 days.*

Submitting Requests for Mileage Reimbursement

All Requests for Mileage Reimbursement are to be *received by Access San Joaquin at the above mailing address no later than the 10th of each month* following the month of travel logged on the form. Actively enrolled passengers will be provided an initial reimbursement form after their waivers are received. Forms can also be downloaded at sjRTD.com/myride.

Valid Trips

MY RIDE currently *reimburses for any trip(s) taken within San Joaquin County. Medical trips to contiguous counties are allowed with proof.* Essential trips to Stanislaus County with proof will be reimbursed. Essential trips that qualify require confirmation that they cannot be made to a closer location in San Joaquin County (for example, Medical Appointment, shopping not available at a closer location in San Joaquin county, etc.). It is the passenger's responsibility to seek any clarification needed regarding valid trips, the program, eligibility, or the reimbursement process.

Reimbursements

Access San Joaquin reserves the right to terminate this program at any time and deny any reimbursement claims if found that the passenger provided false information. Access San Joaquin reserves the right to modify the reimbursement rate (currently 62.5 cents per mile) at any time and will make the final determination of mileage calculation. Forms must be filled out in their entirety, including both passenger and driver signatures certifying that the information entered is true and correct, or payment may be delayed until any issues have been resolved. Reimbursement claims may be denied if received after the deadline, which is the 10th of the month following the month of travel. Reimbursement is made out to the passenger by the 3rd Thursday of the month following the month of travel, provided that the reimbursement form was received on time. Access San Joaquin must be immediately notified of any address changes as soon as possible.

Fraud and Abuse

Fraud and abuse include failing to pay the volunteer driver after Access San Joaquin has reimbursed the passenger for approved trips. Access San Joaquin reserves the right to pursue any alleged or suspected instances of fraud and request from the passenger or the driver further documentation or information for the auditing of any reimbursement claims. MY RIDE has a *one-strike policy* regarding any instances of fraud or abuse of the program and passengers found in violation will be immediately banned from participation in MY RIDE and no further payment will be remitted.

Volunteer Drivers

Passengers are expected to recruit their own volunteer drivers by asking friends, family, neighbors, or other acquaintances to assist them by acting as their volunteer escort and driver. It is the passenger's responsibility to verify that their driver is properly licensed and insured to operate the vehicle used for transportation.