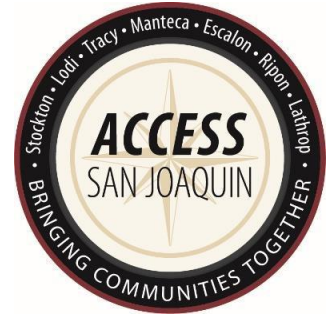




## ACCESS SAN JOAQUIN VOLUNTEER DRIVER WAIVER



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

Mail to Attn: Access San Joaquin

421 E Weber Ave

Stockton, CA 95202

(209) 242-9965 | (209) 948-3024 (Fax) | [sanjoaquinrtd.com/access-sj](http://sanjoaquinrtd.com/access-sj)

### 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 privately 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 no later than the 5th of the month after 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 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 will not be paid if not thoroughly completed (Dates in order, receipts attached to the correct page of trips, both passenger and driver signatures completed) and received by the 5<sup>th</sup> of the following month, if funds are not available for payment, if the submitted trips do not qualify for approved reimbursement, or if an audit reveals that there has been a fraudulent claim.

6. I understand that there is a limit of **250 miles** a month for traveling purposes, and if I volunteer to drive the passenger more than the limit of 250 miles a month, I will not be reimbursed for any additional miles reported.
7. I understand Access San Joaquin reserves the right to modify or terminate the My Ride program at any time as it is a Premium Service.
8. I understand Access San Joaquin provides this lifeline-based program as an option for San Joaquin County residents. This program should be used wisely, and your services can be terminated if it is found that you are abusing or taking advantage of it.

I understand Access San Joaquin can deny MY RIDE reimbursement claims if proof cannot be provided upon request from the passenger, driver, or authorized representative. If it is found that the passenger provided false information, you will be terminated from the program.

I understand that, by my signature below, I 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, injury, or death to myself or others as a result of or in any way connected with my participation in MY RIDE as a volunteer escort and driver.

I understand that the information that I am providing is confidential and will only be used by MY RIDE to maintain records and assist the enrolled MY RIDE passengers.

Printed Name: \_\_\_\_\_

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

Name of MY RIDE Passenger/Authorized Representative: \_\_\_\_\_

Relationship: \_\_\_\_\_

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





## Access San Joaquin PASSENGER WAIVER

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



Mail to Attn: Access San Joaquin

421 E Weber Ave

Stockton, CA 95202

(209) 242-9965 | (209) 948-3024 (Fax) | [sanjoaquinrtd.com/access-sj](http://sanjoaquinrtd.com/access-sj)

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

Based on my ADA eligibility, I/authorized representative want 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.

9. All the information provided will be true and accurate to the best of my knowledge. I/authorized representative authorize MY RIDE representatives to contact people I have named or to make other inquiries as necessary to verify the information I provide.
10. I/Authorized representative understand that Access San Joaquin's policy is to pursue any alleged or suspected instances of fraud and to complete random audits as needed for the program operation. I/the authorized representative, agree to provide the requested documentation to audit 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 an 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/Authorized representative does not pay my driver within ten days of receiving the reimbursement.
11. I/Authorized representative understand that there is a limit of **250 miles** a month for traveling purposes. If I/authorized representative travel more than the limit of **250 miles** a month my volunteer driver will not be reimbursed for the excess miles.
12. I/Authorized representative agree to abide by all MY RIDE Policies, as communicated to I/Authorized representative in the accompanying documents and Rider's Guide that I/Authorized representative has received or as communicated to I/Authorized representative in any other way, and I/Authorized representative acknowledge that failure to abide by these policies may result in the termination of MY RIDE services.
13. I understand Access San Joaquin reserves the right to modify or terminate the My Ride program at any time as it is a Premium Service.

14. I understand Access San Joaquin provides this lifeline-based program as an option for San Joaquin County residents. This program should be used wisely, and your services can be terminated if it is found that you are abusing or taking advantage of it.
15. I understand Access San Joaquin can deny MY RIDE reimbursement claims if proof cannot be provided upon request from the passenger, driver, or authorized representative. If it is found that the passenger provided false information, you will be terminated from the program.

I/Authorized representative 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, my property, or the person or property of others. In consideration of my participation in MY RIDE, however, I 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 (including costs and attorney fees) as a result 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)

