TRANSPORTATION CLIENT STATEMENT OF UNDERSTANDING

- -I understand that this program is a requested service that I have requested and am voluntarily consenting to travel in a vehicle with approved drivers registered with the program.
- -I understand that using this program will be my 'last option' and I will make every effort to have family or friends drive me to my out of town medical appointments or I will make every effort to ensure my appointments are made to accommodate the Health Connections Bus dates and times and I will use this program only if no other options exist. For local medical drives, I will make every effort to use the services already in place in the community (i.e.: medical bus, local transit, handy-dart, taxi pass, family or friends).
- -I understand that the drivers do NOT have first aid, CPR, or special training in passenger assistance techniques.
- -I understand that drivers do NOT have access to specially equipped vehicles and I am able to get in and out of the vehicle without assistance. If I do need assistance I will bring someone along who can help me as long as I have checked with the driver in advance to ensure there is room.
- -I am willing to share rides.
- -I understand that appointments need to be booked in compliance with the program driving policy as follows:
 - Drives should not exceed 10 hours in duration (departing and returning in a 10 hour period)
 - Departure time should not be before 7 a.m. and return time should not be after 6 p.m. (this compares to the Health Connections Bus schedule)
- I understand that should I be undergoing anesthetic, I will be unable to travel home via the volunteer program, and will need to make my own arrangements for return transportation.
- -I will be responsible for paying any parking fees required.
- -I will be responsible for my own personal items.
- -I will not smoke in the vehicle (this also applies to the drivers) unless mutually agreeable with driver.
- -The driver is responsible for all in vehicle behavior and all instructions and safety rules are to be followed.
- -I will wear my seatbelt while in the vehicle and should medical condition prevent this I will carry with me a letter from my physician stating the reasons why I cannot wear a safety device.
- -Inappropriate behavior will not be allowed. (i.e.: foul language, lack of personal hygiene, etc.)
- -I will not impose my religious beliefs or lecture my driver.
- -I will not request to make extra stops without the consent of the driver.
- -I understand that it is important to have a 'fall back/backup' plan in place since we cannot guarantee that we can find a driver in <u>every</u> case.
- -I understand that I must give 1-2 days advance notice (or more if possible) for service request.
- -I understand that I must give as much notice as possible when cancelling a ride.
- -I will provide my annual household income when applying for out of town trips, as required by the program and agree to pay whatever expenses are required.
- -I will report any concerns, problems or compliments to the volunteer coordinator.
- -I understand that the transportation service will not be provided should unsafe health or road conditions exist.
- -The program reserves the right to refuse service based on a violation of this statement of understanding.