

**Carroll County RSVP Volunteer Program**

P. O. Box 1182, North Conway, NH 03860

Tel: (603) 356-9331 Fax: (603) 356-9322

Website: carrollcountyrsvp.org



**VOLUNTEER ACKNOWLEDGEMENT SIGN-OFF SHEET**

*In accepting an appointment as a Volunteer for RSVP, I acknowledge that I have read the Volunteer Driver Medical Transportation Handbook or have been verbally told the guidelines and agree to the best of my ability to:*

1. Become thoroughly familiar with Volunteer Driver transportation policies and procedures, both written and verbal, set forth by RSVP for volunteers in the Volunteer Driver Medical Transportation Handbook.
2. Exercise caution when acting on behalf of RSVP in any situation.
3. Client confidentiality - Protect the confidentiality of all information relating to the persons you transport – breach of client confidentiality is against the law and could result in a liability suit against the volunteer by a client or family member.
4. Be respectful of everyone’s beliefs and lifestyle choices. It is not our place to judge or persuade a person towards one way or another. Please keep conversations with clients and other volunteers casual.
5. Be prompt and reliable in reporting for scheduled rides.
6. Maintain accurate records and submit them to RSVP on a monthly by the 5 TH day of the month for the proceeding month’s medical transportation mileage. Failure to do so could result in a delay in receiving a mileage reimbursement check
7. Notify the RSVP office if unable to drive as scheduled as early as possible to permit the reassignment of another volunteer.
8. Notify the RSVP office of any changes in residence, phone number, insurance, or health status.
9. Attend orientation and training sessions.
10. A volunteer may be dismissed for poor performance and/or negative attitude (including but not limited to poor attendance at meetings and training sessions).

**Substance Abuse (Drug & Alcohol Policy)**

Our intent and obligation is to provide a drug and alcohol-free, healthful, safe and secure work environment. The lawful manufacture, distribution, possession, use or being under the influence of drugs or alcohol is prohibited in by RSVP. A volunteer will be discharged for violation of the prohibition.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
RSVP Representative Signature

\_\_\_\_\_  
Date