

**Volunteer Driver Policies & Agreement**

(Please keep a copy of this Agreement with you while working as a Porter’s Driver)

**Driving Commitment:** Your willingness to honor all of the instructions stated in this document is a condition to Porter’s willingness to allow you to participate as a driver to deliver its products. In order for Porter’s to know that you have agreed to honor all of the instructions stated in this document, it must be assured you have read and understood all of them. By placing your initials in the appropriate spaces, and by signing this document, you represent to Porter’s that you have fully read each requirement in this document, understand each requirement of this document, and agree to honor and comply with each requirement of this document.[[1]](#footnote-1)

The Porter’s Program Director who will be working with you is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, whose phone number is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The Porter’s Volunteer Coordinator who will be working with you is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, whose phone number is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

**Driver Commitment (*REQUIRED*):**

**Primary Obligation of Porter’s Driver:** Road Safety and Accident Prevention. ***(initial) \_\_\_\_\_\_\_\_\_\_\_***

**Compliance with Laws:** Porter’sDriver must comply with all Laws at all times while driving as a Porter’s representative. ***(initial) \_\_\_\_\_\_\_\_\_\_\_***

**Vehicle Operation Requirements:**

1. Porter’s driver and all occupants must always wear seat belts. NO EXCEPTIONS. ***(initial) \_\_\_\_\_\_\_\_\_\_\_***

2. Porter’s driver may not operate a cell phone while vehicle is moving or idling. A cell phone may only be used by a Porter’s driver when in hands-free mode or when the driver has pulled off the road and placed the car in “Park”. ***(initial) \_\_\_\_\_\_\_\_\_\_\_***

3. No Porter’s driver may consume food or drinks while vehicle is moving or idling. ***(initial) \_\_\_\_\_\_\_\_\_\_\_***

4. No Porter’s driver may have been convicted of any crimes related to violence, abuse, weapons, drugs or alcohol.

***(initial) \_\_\_\_\_\_\_\_\_\_\_***

5. No Porter’s driver may operate a vehicle when the driver’s ability is impaired for any reason including but not limited to fatigue, alcohol, drugs, or prescribed medications. ***(initial) \_\_\_\_\_\_\_\_\_\_\_***

6. No Porter’s driver may purchase, transport or consume alcohol while operating a vehicle for Porter’s.

***(initial) \_\_\_\_\_\_\_\_\_\_\_***

7. No Porter’s driver may be accompanied by any persons (i.e. relatives, friends, children, customers) other than another on-duty volunteer or on-the-job employees as approved by Program Director and Volunteer Coordinator are permitted to ride in the vehicle while driving for Porter’s related business. ***(initial) \_\_\_\_\_\_\_\_\_\_\_***

8. Porter’s drivers must always adhere to safe driving practices. ***(initial) \_\_\_\_\_\_\_\_\_\_\_***

9. Once a Porter Driver obtains Porter’s products for delivery, he or she must immediately and directly make the delivery and not engage in any other activities until completing the delivery. ***(initial) \_\_\_\_\_\_\_\_\_\_\_***

**Procedures in Case of Motor Vehicle Accident:** If you are involved in a vehicle accident, you are required by law to:

* Stop at the scene or as close as you possibly can without blocking traffic. Call 911 immediately to report the location and any known or possible injuries. ***(initial) \_\_\_\_\_\_\_\_\_\_\_***
* If the accident results in minor damage and no injury, move the vehicles to a safe place before contacting the police. ***(initial) \_\_\_\_\_\_\_\_\_\_\_***
* Provide assistance to injured persons. Do not attempt to move an injured person unless you have the necessary medical training or if there is an immediate danger such as fire. ***(initial) \_\_\_\_\_\_\_\_\_\_\_***
* All accidents on public or private property, that include injury or death, or which result in vehicle or property damage must be reported to the police. ***(initial) \_\_\_\_\_\_\_\_\_\_\_***
* Voluntarily exchange information with the other people involved in the accident. The disclosed information should include name, address, driver’s license number, phone number and insurance company name. ***(initial) \_\_\_\_\_\_\_\_\_\_\_***
* If you are involved in an accident with an unattended vehicle, you must make a reasonable effort to find the owner. You must also make a reasonable effort to locate the owner of other property that may be damaged. If no owner can be located, leave a note that includes the date and time of the accident along with the information described above. You must also report the accident to the police within 24 hours.

***(initial) \_\_\_\_\_\_\_\_\_\_\_***

**In addition to procedures required by law, Porter’s drivers must also comply with the following requirements:** ***(initial) \_\_\_\_\_\_\_\_\_\_\_***

* Immediately contact your Program Director or Volunteer Coordinator at the telephone numbers listed above to assist you in your decision-making and provide the following information:

1. Your account of how the accident happened
2. Extent of injuries (if any) and/or property damage
3. Whether medical attention was required/sought
4. Identity of other persons involved in the accident
5. Witnesses, if any
6. Copy of the police report

* Use your best judgment (with the assistance of the Program Director or your Volunteer Coordinator), about whether professional medical care or treatment should be conducted by a trained professional (EMT, medical facility). In cases where the police or medical personnel are called, they are responsible for this assessment.
* Immediately contact your own insurance agent.
* With the assistance of your Program Director or Volunteer Coordinator identified above, you are required to complete a Porter critical incident report, which will include the information listed in a. through f. above.

**Volunteer Drivers Agreement**: I understand that being a volunteer driver for Porter’s comes with risks and that my safety and the safety of others are of utmost importance. I therefore agree to:

* Comply with all policies, procedures and guidelines stated above.
* Comply with all state and federal driving regulations.
* Promptly notify my Program Director or Volunteer Coordinator of any physical or medical conditions, vehicle defects, or road conditions that might impair my ability to drive safely.
* Promptly notify my Program Director or Volunteer Coordinator of any traffic citations, moving violations or accidents I incur while serving as a volunteer driver for Porter’s.
* Comply with all Porter’s accident procedures if an accident occurs and cooperate with all parties involved in the accident and reporting of the accident.
* Inform the Program Director or the Volunteer Coordinator as soon as possible if I receive any convictions related to violence, abuse, weapons, drugs or alcohol.
* When engaging in a delivery, forego engaging in any other activities.
* Provide my Program Director of Volunteer Coordinator copies of my valid driver’s license, current auto insurance coverage, and vehicle registration.
* Maintain legally mandated auto insurance.
* Maintain my vehicle in good, safe operating condition.

Additionally, I understand that as a volunteer driver, the limits and coverage provided by my personal automobile insurance are applicable to any accidents or incidents that involve my vehicle, including those that occur while I am serving as a Porter’s Driver. I hereby release and discharge Porter’s and any of its directors, officers, employees, customers, volunteers, partners, affiliates, agents, and successors from any and all liability and/or responsibility for any accident or injury to person or property that I may sustain in connection with my participation as a Porter’s Driver. Additionally, I voluntarily and knowingly waive all rights to bring an action against Porter’s or any of its directors, officers, employees, customers, volunteers, partners, affiliates, agents, successors or assigns arising out of or related to my acting as a Porter’s driver.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Witness Signature Date

1. Please understand Porter’s fully recognizes your generous gift in assisting with the delivery of its products. We trust you will further understand that it is with this same level of understanding and care that Porter’s takes this intentional step to protect its volunteer drivers and our other neighbors. [↑](#footnote-ref-1)