



VOLUNTEER TRANSPORTATION ACKNOWLEDGMENT

Purpose: This form is used to acknowledge that a volunteer understands the rules and requirements of transporting individuals whom we serve.

Directions: Read the entire form. Upon completion of reading, the volunteer and supervisor both sign off on the form.

TRANSPORTATION ACKNOWLEDGMENTS

1. Voluntary services - I acknowledge that my relationship with DFPS is as a volunteer and that I am donating my time and services, including costs associated with transportation, without any expectation of payment.
2. Insurance - I confirm that I maintain automobile liability insurance in compliance with the minimum coverage requirements of the State of Texas and acknowledge that I may be required to show evidence of such coverage upon request to DFPS. I further acknowledge that DFPS maintains a Volunteer Liability Insurance Policy that may indemnify me against loss. However, I understand that my personally-maintained insurance coverage will be considered.
3. Safety - I agree to comply with state motor vehicle and traffic safety laws and to ensure that any weapons I travel with remain inaccessible to the passengers I am transporting.
4. Duty to Report - I understand that during the course of my volunteer activities I may become aware of information revealing abuse, neglect or exploitation of a vulnerable child or adult. In the event this occurs, I acknowledge that I am required by law to make a report to appropriate authorities. I understand that I can do this by calling the DFPS Hotline at 800.252.5400 or online at <https://www.txabusehotline.org/>
5. Mileage Reimbursement - I understand that any reimbursement for mileage is dependent on availability of funds. If funds are available, DFPS may reimburse volunteers for expenses according to approved state limits and local program budgets.

PRIVACY STATEMENT

DFPS values your privacy. For more information, read our [Privacy and Security Policy](#).

SIGNATURES

I acknowledge that I agree to the terms and conditions listed above.

Printed Name of Volunteer:

X

Date Signed:

Volunteer Signature:

X

Date Signed:

I witnessed the signature of the above-named individual.

DFPS Supervisor:

X

Date Signed: