

NEIGHBOR AGREEMENT

I, _____ agree to the following terms to be eligible for VICaP services.

1. I understand that VICaP provides transportation *only* for medical appointments, pharmacies, and grocery stores. Time allotted for shopping should not exceed 2 hours.
2. I will arrange local rides, not to exceed 2 per week, through the VICaP office (520-459-8146). I understand that local rides need to be requested *approximately one week* in advance at least and out-of-town rides *approximately 4-6 weeks* in advance at least. I understand that these time-frames are subject to change based on availability.
3. I will advise VICaP of special needs I have (such as the use of a wheelchair, walker, service dog, etc.). I may request a specific volunteer, but I understand I am not guaranteed a specific volunteer.
4. I will give the VICaP office and the volunteers accurate personal information about myself and my doctor appointments, which will be kept confidential, to include my personal contact information, dates, times, and physical addresses of my doctor's offices/facilities. I will be clear about services requested when I call VICaP.
5. I understand that I must call the VICaP office for any and all service requests, including any additional stops I may need to make during a scheduled trip. I understand that I am not permitted to call or ask the volunteers directly for any rides or additional stops. Additional stops must not exceed two additional stops, and are subject to the volunteer's discretion.
6. I will treat the VICaP staff and volunteers with courtesy and respect. I understand VICaP volunteers cannot sign official or legal documents, or take medication or care orders from physicians or other medical personnel.
7. I will not bring a pet in the volunteer's car unless it is an ADA-recognized service animal, and I have notified the VICaP office in advance. I understand "emotional support" animals are not recognized as service animals by the ADA. I understand that smoking is prohibited and only water will be permitted in any VICaP or volunteer vehicles.
8. If I have not heard from a VICaP volunteer 24 hours prior to my appointment, I will call the VICaP office to follow up. Also, if a VICaP volunteer leaves a voicemail requesting a call back, I will call the volunteer promptly so that coordination of my ride is understood. Services may be interrupted, or rides may be cancelled, if the volunteer and office are unable to reach me for confirmation of rides/services.
9. I understand that VICaP cannot provide services to me while I am an in-patient at any nursing or rehabilitation facility or hospital, and that I must utilize the facility's transportation or contact my health insurance company for other options if necessary.
10. I understand that VICaP services are free-of-charge, but if I can, I may donate so that others can benefit from VICaP. Please see attached suggested donation chart for out-of-town trips.
11. I understand that VICaP normal business hours are from 8-4, Monday-Friday, and understand they are closed on all Federal Holidays and the day after Thanksgiving. I understand that the VICaP office may close for staff training or meetings occasionally during normal business hours.
12. I will hold VICaP, its employees, agents, and volunteers, harmless from any loss or damage incurred by me unless the losses or damages were the result of intentional or willful misconduct.
13. I understand that if I willingly disregard this agreement or engage in conduct which could harm me or a VICaP volunteer I can be dismissed from the VICaP program.

Signature

Date

Neighbor Copy – Please keep this for your records.

Suggested Donations for ROUND-TRIP VICaP Services

To and From Sierra Vista:

Benson	\$25.00
Bisbee	\$20.00
Double Adobe/McNeal	\$35.00
Douglas	\$35.00
Hereford	\$15.00
Huachuca City	\$10.00
Naco	\$25.00
Palominas	\$20.00
Pearce/Sunsites to Sierra Vista	\$35.00
Tombstone	\$20.00
Tucson	\$50.00
Whetstone	\$15.00
Willcox	\$40.00

Tucson extended (N of Grant Rd., E of

Campbell Ave.) additional \$10.00

From Douglas to Tucson:	\$80.00
From Bisbee to Tucson:	\$65.00
From Bisbee/Double Adobe to Douglas	\$20.00
From Tombstone to Tucson:	\$50.00
From Benson to Tucson:	\$30.00
From Benson to Douglas:	\$35.00
From Willcox to Tucson:	\$60.00
From Willcox to Pearce/Sunsites:	\$25.00
From Willcox to Safford:	\$55.00
From Willcox to Bowie/San Simon:	\$25.00

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Signature

Date

Return this copy to VICaP at PO Box 3004, Sierra Vista, AZ, 85636.

Neighbor Data Sheet

(Return to VICaP Office: PO Box 3004, Sierra Vista, Arizona 85636)

Printed Name _____ Date of Birth _____

Physical Address _____
(House Number & Street)

_____ City _____ State _____ Zip Code _____

Phone _____ Alternate Phone (if applicable) _____

Mailing Address if different from Physical Address:

_____ City _____ State _____ Zip _____

Please circle Yes or No:

Are you a veteran? Yes No

Eligible spouse of a veteran? Yes No

Do you live alone? Yes No

Mobility Device (circle which one(s) you use): Walker Cane Wheelchair

If you use a wheelchair, is it (circle which is true):

Electric (requires wheelchair-accessible vehicle) Fold-up (able to transfer in/out of vehicles)

Known disability, and other medical conditions you would like to make us aware of:

Primary Care Physician: _____ Phone _____

Local Emergency Contact:

Name _____ Relationship _____

Phone _____

I understand and accept the Neighbor Agreement _____
(Sign/Date)

OVER