

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 (459-8146). I understand that local rides need to be requested 5 business days (one week) in advance; out-of-town rides 7-10 business days (one to two weeks) in advance.
- 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.
- 4. I will give the VICaP office and the volunteers accurate personal information about myself and my doctor appointments, which will be kept confidential.
- 5. I understand VICaP volunteers cannot sign official or legal documents, or take medication or care orders from physicians or other medical personnel.
- 6. I will treat the VICap staff and volunteers with courtesy and respect.
 I will be clear about services requested when I call VICaP.
 I will not bring a pet in the volunteer’s car unless it is an FTA-recognized service animal, and I have notified the VICaP office in advance.
 I understand that smoking is prohibited and only water will be permitted in any VICaP or volunteer vehicles.
- 7. 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 date, time, directions are clearly understood. Services may be interrupted if the volunteer and office are unable to reach you for confirmation of rides/services.
- 8. 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.
- 9. 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.
- 10. 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.
- 11. 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