

SIERRA COUNTY CANCER ASSISTANCE  
HC32 Box 8174, TRUTH OR CONSEQUENCES, NM 87901  
575-740-3971  
srfoxie@gmail.com

VOLUNTEER TRANSPORTATION PROCEDURE & LIABILITY RELEASE

As a condition of volunteer **driving** for Sierra County Cancer Assistance, I hereby release the Sierra County Cancer Assistance, including all its employees, agents and volunteers from any and all liability for any injuries or death that may result to me from the transportation, whether incurred by negligence or otherwise. I am currently not taking any narcotics, or alcohol that would impair my judgment while driving for SCCA.

Additionally, I acknowledge by this release that I am bound by all HIPPA laws with respect to patient privacy and I agree to not discuss or disclose any medical information to any person or persons which I received from any and all patients during the transportation process. I am enclosing a copy of my Proof of Insurance, to ensure I am a licensed and Insured Driver.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer's Printed Name

Volunteer's Mailing Address \_\_\_\_\_

Volunteer's Phone Number \_\_\_\_\_

Volunteer's E-mail \_\_\_\_\_

July 2016