

Driver's Vehicle Waiver

Rank/Name (Print) _____ Office Symbol _____

Contact Numbers: (Home/Work) _____ (Cell) _____

Read each statement and if applicable, please initial.

_____ 1. I have a valid driver's license.

_____ 2. I have current and proper insurance on the vehicle I will be operating.

_____ 3. I understand I am volunteering my time and use of my personal vehicle for the job of providing a safe ride home for intoxicated individuals.

_____ 4. I understand that AADD will not reimburse me for gas used or upholstery cleaning cost if required.

_____ 5. I understand that since I am a driver for AADD on a volunteer basis, I cannot hold AADD, any of its members, the USAF, or the ANG liable in the event that I get in to an accident while driving.

_____ 6. I understand that AADD does not give me authorization to violate any laws while performing pick-ups and deliveries.

_____ 7. I will not take advantage of any passenger while operating for AADD.

_____ 8. While I am on standby, I will not drink or become otherwise impaired so that I cannot safely/legally perform my volunteer duties.

_____ 9. I will not demand or accept any type of reimbursement.

Signature _____

Date _____

AADD Staff Section Only:	Date	Initials
Added to Distribution list		
Added to Membership list		
Insurance Received		

