



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. If you have any questions, please contact your [volunteer coordinator](#).

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 primary and that DFPS's Volunteer Liability Insurance Policy will be considered secondary or excess coverage.
3. **Background Check** - I acknowledge that I will be required to undergo a background check that may consist of a review of DFPS history, a criminal records examination and a driving history check. I consent to DFPS performing this background check.
4. **Confidential Information** - I acknowledge that as part of my volunteer services I will interact with vulnerable children and adults whose identities, personal information and reasons for being involved as clients with DFPS are considered confidential under state law. I also acknowledge that I may have access to these individuals' records, whether in paper or electronic form, which are also considered confidential. I agree that I will not reveal confidential client information to anyone who does not have a business need to receive that information.
5. **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.
6. **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/>.
7. **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: