



TRANSPORTATION FORM

Please adhere to safety protocols while volunteering sent to you via RideScheduler.

Client Name: _____ **Date:** _____

Appt Time: _____ **Phone:***67 _____

Pickup Address: _____

Drop-off Address: _____

Time of Departure: _____ **Time of Return:** _____ **TOTAL Hrs.** _____

MILES: *(Please input overall miles OR odometer reading):*

Miles: _____ **Odometer Reading:** _____ - _____

NUMBER OF TRIPS:

1 Way **2 Way** **3+** _____ (List any additional stops below, ex: Safeway)

- _____
- _____
- _____

RELEASE OF LIABILITY – SIGNATURE REQUIRED

I knowingly and voluntarily assume the risk of any injuries, regardless of severity, and including death, and all risk of damage to or loss of property which I may incur due to accident while being transported by a Molly’s Angels Transportation Volunteer. In consideration for transportation, I release Molly’s Angels and Molly’s Angels Transportation Volunteers from any responsibility or liability for personal injury, due to accidental occurrences, or due to my own negligence while in the company of Molly’s Angels representative.

Client Signature: _____ **Date** _____

Additional Passenger (if any): _____ *Date* _____

Transporter Signature: _____ **Date** _____