

Verification of Driving Safety Training

Thank you for your cooperation in Brattleboro Area Hospice's safe driving protocols. Complete and return this form to verify that you have watched the Drive Safe video.

My signature below indicates that I have watched the Drive Safe video and that I will abide by all state and federal driving regulations as well as those indicating best practices while I am driving for Brattleboro Area Hospice.

Volunteer Name (printed)

Volunteer Signature

Date