

Release from Brattleboro Area Hospice Driving Protocols

My signature below indicates that I am aware that I am excluded from the protocols set forth by Brattleboro Area Hospice for driving for work or volunteer related activities because my role in the organization does not require driving and/or I am electing to not drive for the organization. I will not be asked to drive for work or volunteer related reasons, and if I am I will decline this request. I also acknowledge that my exclusion from these protocols also means I am excluded from coverage of the organization's automobile insurance that pertains to employees/volunteers who drive for work or volunteer activities.

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Volunteer Name (printed)

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Volunteer Signature

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Date