

SIERRA COUNTY CANCER ASSISTANCE (SCCA)  
262 Lower Cuchillo Creek Road, Truth or Consequences, NM 87901  
575-740-3971  
srfoxie@gmail.com

### VOLUNTEER TRANSPORTATION PROCEDURE & LIABILITY RELEASE

As a condition of volunteer **driving** for Sierra County Cancer Assistance, I hereby release the Sierra County Cancer Assistance, including all its employees, agents and volunteers from any and all liability for any injuries or death that may result to me from the transportation, whether incurred by negligence or otherwise. **I am currently not taking any narcotics, prescription drugs, or alcohol that would impair my judgment while driving for SCCA.**

Additionally, I acknowledge by this release that I am bound by all HIPPA laws with respect to patient privacy and I agree to not discuss or disclose any medical information to any person or persons which I received from any and all patients during the transportation process. I am enclosing a copy of my **Proof of Insurance**, to ensure I am a licensed and Insured Driver. I also agree that I will not use my cell phone for texting while driving a cancer survivor as a volunteer for SCCA, and follow the New Mexico law for cell phone use.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer's Printed Name

Volunteer's Mailing Address \_\_\_\_\_

Volunteer's Phone Number \_\_\_\_\_

Volunteer's E-mail \_\_\_\_\_

**I will be driving for \_\_\_\_\_ (Patients Name) **OR****  
**I will be driving as a volunteer for any patient that would need transportation if I**  
**am available. \_\_\_\_\_ Initial**