

TOWN OF WELLESLEY

VOLUNTEER DRIVER RELEASE/INDEMNIFICATION AGREEMENT

The Wellesley Council on Aging and staff appreciate your willingness to volunteer for the Volunteer Drivers Program for Wellesley Seniors. Your duties and the rules of your service will be explained separately. The purpose of this document is to make sure that you understand and agree to the following:

YOUR OWN INSURANCE

FIRST, as a volunteer in the Volunteer Drivers Program, you will not be entitled to the benefits accorded to Town employees. For example, you will not be enrolled in the Town's health or disability insurance packages. Therefore, on the advice of Town Counsel, to serve as a volunteer you must have your own insurance in place. Please provide us with the following information about your personal insurance. (Note, if you would prefer not to provide the specifics, you may elect to answer Part 2 instead. You must answer either Part 1 or Part 2).

Part 1

Your Health insurer (name) _____

(Certificate/policy no.) _____

Your disability coverage (name) _____

(Certificate/policy no.) _____

Your Automobile insurance (name) _____

(Certificate/policy no.) _____

Part 2

If you elect not to provide the foregoing specifics, please answer the following question:

Do you have your own health, disability income (if applicable), and auto insurance (if applicable), which will adequately protect you in the event you are injured while doing volunteer work? If you answer "no" we unfortunately cannot allow you to be a volunteer.

Yes _____

No _____

Please notify us if any of the foregoing changes in the above.

SECOND, in volunteering to be a driver in this program, you must execute the following Release/ Indemnification Agreement, in which you release the Town, its elected officials, officers, employees, agents and servants from any liability of whatsoever name and description in the event you are injured while volunteering in the Volunteer Drivers Program. The following Release/Indemnification form should be read carefully. You are advised to seek the advice of your attorney before signing this form.

YOUR RELEASE/INDEMNIFICATION AGREEMENT WITH THE TOWN

I, the undersigned, _____(name), of _____(address), Wellesley, MA, in consideration of the Town accepting my voluntary participation in the Volunteer Drivers Program designed by the Wellesley Council on Aging, do forever RELEASE, ACQUIT, DISCHARGE, and COVENANT to INDEMNIFY and hold harmless the TOWN OF WELLESLEY, and each of its subsidiary and affiliated departments, divisions, successors, assigns, officers, employees, agents, affiliates, and any and all other representatives, from any and all actions, causes of action and claims on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which I, my successors, assigns, agents, heirs, executors, administrators, or other representatives, may now have or hereafter have, and also all claims or right of action for damages which I, my successors, assigns, agents, heirs, executors, administrators, or other representatives have or hereafter may acquire, resulting from my participation as a volunteer in the Volunteer Drivers Program.

Signed under seal this _____ day of _____, 20__.

Witness

Volunteer's Signature

(must be one of the Town's employees designated by the Council on Aging for this purpose)

Please feel free to contact the Wellesley Council on Aging Director (Gayle Thieme, 781-235-3961) if you have any questions on the foregoing. We welcome your participation and thank you for it.