



ADDITIONAL Passenger Guidelines

In response to the COVID19 pandemic, we are implementing additional guidelines for rides in an effort to keep both you and our volunteer drivers safe.

1. We **require** all passengers and volunteers to properly wear a face mask at all times during the ride. You understand that a volunteer will refuse to drive you if you are not wearing a mask. You also will refuse a ride if a volunteer is not wearing a mask.
2. To increase the social distance, we **strongly** recommend that you sit in the back seat on the passenger side.
3. When the ETS office calls to confirm the volunteer for your ride **AND** when the volunteer calls the day before to arrange pickup details, you agree to honestly answer the following questions:
 - a. Have you tested positive for COVID19 in the past 14 days?
 - b. Have you been in contact with anyone with a confirmed case of COVID in the past 14 days?
 - c. Have you had a fever, cough, difficulty breathing, loss of taste/smell, or other flu-like symptoms in the last 14 days?
 - d. Are you currently experiencing a fever, cough, difficulty breathing, loss of taste/smell or other flu-like symptoms?
4. You agree that that anytime you begin to experience any symptoms (noted above) or have experienced them in the past 14 days, and/or you have been in contact with a COVID19 positive person in the past 14 days that you will call the ETS office immediately to **cancel** any scheduled ride.
5. Each doctor's office will have different rules regarding their waiting rooms. You understand that the volunteer may not be able to escort you into the office and/or wait in the waiting room during the visit. You will work with the volunteer on a plan for when/where to meet when your appointment is finished.
6. Even if the doctor's office allows visitors, the volunteer has the right to refuse to sit in the waiting room during your appointment. Please make arrangements with the volunteer (as noted above).
7. Contact the ETS/NW office if you have any questions or concerns about any ride and/or volunteer.
8. These guidelines will be effective on the date of your signature and remain in effect until further written notice from ETS.

My signature below indicates my agreement to the above guidelines. It also indicates my understanding that by using ETS, I voluntarily assume all risks related to exposure to COVID19. I understand that failure to follow these guidelines will result in loss of access to the ETS program.

Name (PRINTED)

Date

Signature