ERA FOUNDATION

COURIER INDEPENDENT CONTRACTOR AGREEMENT &

AVAILABILITY FORM

Driver Full Name: _____ Phone Number: _____

Email Address: _____ Address: _____

Driver's License #: _____

Vehicle Make/Model/Year: _____

License Plate #: _____

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1. INDEPENDENT CONTRACTOR RELATIONSHIP

The Driver agrees to provide courier and delivery services to ERA FOUNDATION as an independent contractor. The Driver understands that this Agreement does not create an employer-employee relationship, partnership, joint venture, or agency relationship between the Driver and ERA FOUNDATION. The Driver is responsible for maintaining all licenses, registrations, insurance, equipment, and other requirements necessary to legally operate the vehicle and perform courier services. The Driver's availability and acceptance of assignments will be handled in accordance with this Agreement and applicable law.

2. COMPENSATION

Compensation Method: Per completed and verified courier assignments

Daily Compensation Range: **$50-$300 per day**

Average Package Rate: **$25-$100 per completed package/pickup-delivery**

Insurance Reimbursement: $50.00 toward automobile insurance

Payment is based on completed and verified delivery assignments. Compensation may vary within the stated ranges based on the assignment, route, package requirements, distance, customer contract, and available delivery volume. The stated figures are compensation ranges and do not guarantee a specific daily amount, per-package amount, number of assignments, or earnings. Delivery volume and available assignments are not guaranteed. The Driver must maintain valid automobile insurance and provide proof of current coverage when requested. The $50 reimbursement does not replace the Driver's responsibility to maintain legally required insurance coverage.

3. DRIVER REQUIREMENTS

- Maintain a valid driver's license.
- Maintain valid automobile insurance.
- Maintain a legally registered and operational vehicle.
- Follow all applicable traffic and transportation laws.
- Handle packages and deliveries responsibly.
- Provide accurate pickup and delivery information.
- Notify ERA FOUNDATION of any issue that may prevent completion of an accepted assignment.
- Maintain professional conduct when interacting with customers, businesses, and other parties.
- Protect customer and delivery information from unauthorized disclosure.
- Maintain a HIPAA certificate and Bloodborne Pathogens certification when required for accepted assignments.
- If the Driver does not yet have these certifications, ERA FOUNDATION will assist the Driver with obtaining them.

4. DRIVER AVAILABILITY

Select the availability category that applies and complete your available days and times below.

☐ **PART-TIME**

☐ **FULL-TIME**

Day	Available	Start Time	End Time
Sunday	☐	_____	_____
Monday	☐	_____	_____
Tuesday	☐	_____	_____
Wednesday	☐	_____	_____
Thursday	☐	_____	_____
Friday	☐	_____	_____
Saturday	☐	_____	_____

Availability Notes: _____

5. DELIVERY ASSIGNMENTS

Assignments may vary based on customer demand, business volume, location, and Driver availability. Delivery volume, hours, and earnings are not guaranteed unless otherwise agreed in writing. The Driver is responsible for the lawful manner and method of performing accepted services, consistent with the intended independent-contractor relationship.

6. VEHICLE & EXPENSES

A Driver using their own vehicle is responsible for ordinary operating expenses including fuel, maintenance, repairs, registration, and other vehicle-related costs, except for the $50 insurance reimbursement stated above.

7. TERM & TERMINATION

This Agreement begins on the date below. Either party may terminate the Agreement in accordance with applicable law and this Agreement. ERA FOUNDATION may discontinue offering assignments where permitted by law if the Driver fails to meet requirements, fails to complete accepted assignments, violates applicable law, or creates a safety, customer-service, or business concern.

Start Date _____

8. ACKNOWLEDGMENT & SIGNATURES

By signing below, the Driver confirms that they have read and understand this Agreement, the compensation ranges, insurance reimbursement, availability requirements, certification requirements, and responsibilities associated with providing courier services to ERA FOUNDATION.

Contractor Name _____ Date _____

Contractor Signature _____

ERA FOUNDATION Representative _____ Date _____

Representative Signature _____