



Volunteer Transportation Program

Age-Friendly Communities of the Lower Kennebec



RIDER Application

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Full Name: _____ Date of Birth: _____

Address: _____

Directions to your home: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Mailing Address if different from above: _____

How often do you generally need a ride? _____

Medical Appointments Groceries Other

Who should we contact if an emergency occurs while we are driving you?

Emergency Contact Name: _____

Relationship: _____ Emergency Contact Phone Number: _____

Caregiver name: _____ Caregiver Phone Number: _____

Do you use a walker, cane or other device for mobility? Yes No

***NOTE: We cannot provide wheelchair transportation**

If yes, please describe: _____

Assistance Requirements

Do you need assistance getting from the house to the vehicle? Yes No

Can you enter/exit a vehicle unassisted?

Car (low step): Yes No **Truck (high step):** Yes No

Please describe any assistance you might need getting in and out of the vehicle: _____

Have you fallen in the past 12 months? Yes No If yes, how often? _____

Do you have any special needs such as impaired hearing or impaired vision, or allergies of which we should be aware? Do you use oxygen or any other adaptive/assistive device?

Yes No

If yes, please describe: _____

Will you need assistance during the ride such as clipping in the seat belt, or carrying items to the doorstep? _____

Do you have a handicapped placard from the DMV? Yes No

If no, if you need one, are you willing to apply for one? Yes No

How did you learn about this program? _____

This Volunteer Transportation Program is supported through a partnership with the Bath Police Department, AARP Maine, UMaine Center on Aging/Lifelong Maine and the Maine Cabinet on Aging.

www.agefriendlylowerkennebec.org www.agefriendlygeorgetown.org



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Please note that all registrant information will be kept confidential and will be used only by the Volunteer Transportation Program. We will not share your personal information beyond this program.

I have read this application form and agree to the following:

- I understand this is a program using Volunteer Drivers who provide their time and mileage to help our community.
- I must give **at least three (3) business days advanced notice** to the Volunteer Transportation Program for all ride requests. The Administrator will try to match more urgent requests, but timely availability of a driver cannot be guaranteed.
- I understand that rides are available during regular weekday hours, not on weekends or holidays.
- I will not make requests of Drivers beyond the initial purpose of the ride.
- If my plans change, appointments are cancelled or road conditions feel unsafe, I will contact the Driver or Administrator immediately.
- I have read and understand the enclosed **VTP Procedures Document**.
- I waive all claims of any type (including, but not limited to, personal injury) against volunteers of Age-Friendly Communities of the Lower Kennebec or the Volunteer Transportation Program for their action or inaction associated with the Volunteer Transportation Program. In addition to waiving all claims of liability against the above-named entities, I indemnify them from any claims of liability from me or on my behalf.
- I certify that the information provided in this application is true and complete to the best of my knowledge.
- I consent to the collection and use of my information for the purpose of participating in the Volunteer Transportation Program.

Signature: _____

Date: _____

Questions? Call: _____

Please send completed registration form to _____