



Ride Assist Services

3908-2 Old Buckingham Rd, Powhatan VA 23139

Phone: 804-698-0438 Fax: 804-598-5614

Rider Application

Please return completed application to the address or fax above.

Name _____ Today's Date _____

Gender _____ Date of Birth _____ Are you a Veteran? Yes No

Are you deemed disabled through Social Security Administration? Yes No

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____ Church Affiliation (if any) _____

If you have **MEDICAID** coverage, contact your provider if necessary to find out what types of transportation is included in your plan and list here the ride types. If you do not have Medicaid, verify that here.

If you have **MEDICARE** coverage, contact your provider if necessary to find out what types of transportation is included in your plan and list here the ride types. If you do not have Medicare, verify that here.

- Please select your racial heritage:
- White
 - Black/African American
 - Asian
 - Asian & Black/African American
 - Asian & White
 - American Indian/Alaskan Native
 - Black/African American & White
 - American Indian/Alaskan Native & White
 - Native Hawaiian/Other Pacific Islander
 - American Indian/Alaskan Native & Black
 - Other/Unknown

How did you hear about Ride Assist Services? _____

Would you have difficulty entering an SUV (as opposed to a sedan)? Yes No

Do you use any of the following when traveling in a vehicle:
 Wheelchair Folding Walker Cane Service Animal

What physical conditions exist that make you unable to drive yourself?

Emergency Contact Information

Name of Emergency Contact _____ Relationship to you _____

Emergency Contact Phone Numbers

Home _____ Work _____ Cell _____

Email Address _____

Address _____

City _____ State _____ Zip _____

Family Contact Information (If other than Emergency Contact.)

Name of Family Contact _____ Relationship to you _____

Family Contact Phone Numbers

Home _____ Work _____ Cell _____

Email Address _____

Address _____

City _____ State _____ Zip _____

Ride Assist Services Permission

AND WAIVER OF LIABILITY AND INDEMNIFICATION

I, the undersigned, hereby waive all claims for myself and my heirs against Powhatan County, Virginia, its officers, agents, and employees for any injury to my person or property that may result from my participation in the Ride Assist Services Program. I also agree to indemnify and hold harmless Powhatan County, its officers, agents, and employees from and against any and all claims and liabilities for injuries to persons or property which may be suffered by anyone as a result of my participation in this activity. I agree to abide by all Rider and Safety Guidelines. Additionally, I agree that if any provision of this waiver is held void by a court of competent jurisdiction, the remainder shall be effective to the maximum extent permitted under Virginia law. I also give my permission to utilize any photos taken while participating in Ride Assist Services.

Sign

Date

Powhatan County Ride Assist Services is committed to ensuring that no person is excluded from participation in its volunteer transportation program for seniors on the basis of race, color or national origin, as protected by Title VI of the Civil Rights Act of 1964. For additional information on Powhatan County Ride Assist Services' nondiscrimination policies and procedures, or to file a complaint, please contact Title VI Coordinator, 3908-2 Old Buckingham Road, Powhatan VA 23139

Thank you so much for taking the time to tell us about yourself.