



PERSONAL INFORMATION:

First Name: _____ Last Name: _____

Address: _____

Complex Name/Buzzer: _____ Email Address: _____

Phone: Home _____ Phone: Cell _____

Date of Birth: _____ / _____ / _____ Primary Language: _____

Spouse Name (if applicable): _____

(Please also complete a separate rider application for your spouse if you will both need rides)

Please provide annual gross income (Line 15000 of Tax Return): _____

EMERGENCY CONTACTS:

Name: _____ Phone: _____ Relationship: _____

Email Address: _____

Name: _____ Phone: _____ Relationship: _____

Email Address: _____



This information is collected to allow the KARE Volunteer Driver Program to assess a person's suitability for the program and to provide the best and safest level of service possible.

Please circle all the mobility aides that you use:

Cane Walker Wheelchair Scooter Oxygen Tank Service Animal

Other:

Health Information:

Do you need a companion to travel with you? Yes No

Do you require oxygen? Yes No

Do you have a handicap placard? Yes No

Do you have any health conditions the drivers should be aware of?

The signature below indicates that you agree that the information you provided is true: that you allow your information to be shared between Town of Strathmore, partners, KARE Drivers and your emergency contact; that the Town of Strathmore has your permission to contact your emergency contact; and that you will not take legal action against the Town of Strathmore or their volunteers.

That you have read client handbook and the confidentiality agreement and agree to abide by the policies and procedures as outlined in this document.

Name: (please print) _____

Signature: _____ Date: _____