

OUT AND ABOUT PENINSULA  
Senior Transportation  
Phone: 619 223-1640

Sign and return to:  
1475 Catalina Blvd.  
San Diego, CA 92107

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### RIDER APPLICATION

Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City / Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

#### LOCAL EMERGENCY CONTACT- *Required*

Name \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

**The following information is kept confidential and used only for statistical purposes. This has no bearing on your program eligibility.**

1. Which transportation service would you need?      Van Shuttle      Volunteer Drivers
2. Are you able to drive?    Yes    No
3. Do you use a walker, cane, wheelchair, or have trouble walking on your own?    Yes    No  
    If yes, please explain/specify. \_\_\_\_\_
4. Do you live alone?    Yes    No
5. Medical conditions we should be aware of: \_\_\_\_\_
6. Are you affiliated with a local church?    Yes    No    Name of Church: \_\_\_\_\_
7. Do you need special assistance?    Yes    No  
    If yes what type? \_\_\_\_\_
8. How did you become aware of our program? \_\_\_\_\_
9. What is your primary language? \_\_\_\_\_

This information that I have provided is true and accurate to the best of my knowledge. I verify that I am a Peninsula resident (92106, 92107, 92110 South of I-8) sixty and older. I authorize representatives to contact persons whom I have listed in case of emergency. **I, the undersigned, understand and agree to follow the rules for participation in the van and volunteer escort programs. I and anyone entitled to act on my behalf, waive and release the Peninsula Shepherd Center, its Directors, Officers, Employees and Volunteers from any and all claims of liability of any kind arising from my participation in the transportation program. I hereby assume full responsibility for the risk of bodily injury, death or property damage. I further agree that the foregoing Release and Waiver of Liability and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the law of the State of California, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.**

Please Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_