

SENIOR RIDES AND MORE

"You are the key to your neighbor's independence."

5001 Bellaire Blvd.
Bellaire, TX 77401
(713) 772-8181 Phone
(713) 838-9976 Fax
info@vic-sw.org
www.vic-sw.org

NORTHWEST

APPLICATION FOR CARE RECEIVER SERVICES

NAME _____ Male _____ Female _____

ADDRESS _____ APT _____ GATE CODE _____

CITY _____ ZIP _____ COMPLEX NAME _____

HOME PHONE _____ CELL PHONE _____

NEAREST MAJOR CROSS STREETS _____

PRIMARY LANGUAGE _____ DOB _____

1 EMERGENCY CONTACT _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

2 EMERGENCY CONTACT _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

FORMER OCCUPATION(S) _____

OTHERS LIVING IN HOUSHOLD _____

PHYSICAL ASSISTANCE REQUIRED _____

RELIGIOUS AFFLIATION/MEMBERSHIP _____

PHYSICIAN(S) NAME, ADDRESS, PHONE NUMBERS

SERVICES REQUESTED - () TRANSPORTATION () SHOPPING () FRIENDLY VISITS

() FRIENDLY PHONING () BUSINESS HELP () RELIGIOUS SERVICE ESCORTS

() OTHER _____

COMMENTS _____

SIGNATURE _____ DATE _____

Senior Rides and More

CARE RECEIVER AGREEMENT

I confirm that I have read, clearly understand and agree to abide by the guidelines listed below:

- I understand that this is a volunteer organization and that while all reasonable attempts will be made to meet my request, services cannot be guaranteed. We are **NOT** an emergency organization.
- I agree to communicate all of my needs through the SRAM office a *minimum of four (4) full business days prior to my appointment*. However, *one full week's notice* would be greatly appreciated.
- I agree to provide the SRAM office and my volunteer detailed directions to my home, destination and to inform them in advance when I will be using a walker. Care Receivers must be able to walk unassisted. **Please remember that we are unable to accommodate wheelchairs.**
- I understand that SRAM volunteers cannot sign official documents or take medication or care orders from my physicians or other medical personnel.
- I agree to provide my physicians names, addresses, phone numbers, two emergency contacts and other applicable information as requested by the SRAM Application.
- I agree to adhere to the stated times and services. **I will not request additional services from a volunteer or request their phone number.**
- I understand that all services are for registered SRAM care receivers only. I will not request transportation or any other assistance for someone who is not registered with SRAM as a care receiver.
- I understand that all services associated with SRAM are complimentary and no payment is requested or expected for these services.

Print Name _____ Date _____

Signature _____

Senior Rides and More

CR PARTICIPATION AGREEMENT AND WAIVER OF LIABILITY

I understand that Senior Rides and More (SRAM) services are provided by volunteers, and transportation is provided in their vehicles. I have received a copy of SRAM's Care Receiver brochure and I understand and agree to abide by its guidelines.

If I am involved in an incident involving known or suspected injury or damage to persons or property, I will make a written report to SRAM.

I understand that SRAM assumes no responsibility or liability for any loss, damage, or injury to persons or property as a result of receiving the services of SRAM, and that my participation in SRAM indicates my awareness and acceptance of the preceding disclaimer of responsibility and liability. I agree to release SRAM and all of its officers, board members, staff, volunteers, and clients, without limitation or qualification, from any and all liabilities, and claims, which might be made for any losses, expenses, acts of nature, or damages of any kind or description. I understand that it is my responsibility to secure my own appropriate medical, automobile, and/or personal injury insurance coverage for my own protection.

Print Name _____

Signature _____

Date _____