SENIOR RIDES AND MORE

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

9600 S. Gessner Rd.
Houston, TX 77071
(713) 772-8181 Phone

info@SeniorRidesandMore.org
www.SeniorRidesandMore.org

APPLICATION FOR CARE RECEIVER SERVICES

NAME_____ Male ____ Female ____

ADDRESS_____ APT _____

CITY_____ ZIP _____ **GATE CODE**_____

HOME PHONE_____ **CELL PHONE** _____

EMAIL ADDRESS: _____

PRIMARY LANGUAGE_____ **BIRTH DATE** _____

EMERGENCY CONTACT NAME: _____

RELATIONSHIP _____

ADDRESS _____

PHONE _____

FORMER OCCUPATION(S)_____

OTHERS LIVING IN HOUSHOLD_____

PHYSICAL ASSISTANCE REQUIRED YES _____ NO _____

If Yes, what type of assistance: _____

RELIGIOUS AFFLIATION/CONGREGATION: _____

ARE YOU A VETERAN: YES _____ NO _____

HAVE YOU HAD A COVID VACCINE: Vaccinated _____ Unvaccinated _____

SIGNATURE_____DATE_____

Senior Rides and More

CARERECEIVER 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 my needs through the Senior Rides office a ***minimum of one full week prior to my appointment***. However, *additional notice* would be greatly appreciated.
- I agree to provide the Senior Rides 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 Senior Rides volunteers cannot sign official documents or take medication or care orders from my physicians or other medical personnel.
- I agree to provide my physician's name, address, phone numbers, two emergency contacts and other applicable information as requested by the Senior Rides 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 Senior Rides care receivers only. I will not request transportation or any other assistance for someone who is not registered with Senior Rides as a care receiver.
- I understand that all services associated with Senior Rides 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 services are provided by volunteers, and transportation is provided in their vehicles. I will be respectful to the volunteer as he/she should be respectful of me (the passenger).

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 Senior Rides.

I understand that Senior Rides assumes no responsibility or liability for any loss, damage, or injury to persons or property because of receiving the services of Senior Rides, and that my participation in Senior Rides indicates my awareness and acceptance of the preceding disclaimer of responsibility and liability. I agree to release Senior Rides and all 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_____