

## Volunteer Transportation Network (VTN) RIDER REGISTRATION

## **THANK YOU to the generous sponsors of the Volunteer Transportation Network**: United Way of Mid Coast Maine, Spectrum Generations, Rusty Lantern Market, Suzan Wilson & Daniel McLaughlin Family

Name:		Date of Birth:	
Street Address:			
Town:	ZIP:	Do you have	MaineCare? Yes No
Brief directions to your home:			
Mailing Address (if different from abov	ve):		
Home Phone: E	E-mail:		
Cell Phone: D	Do you live alone? Yes	No, I live with:	
Special Needs (walker, vision, hearing	g):		
Can you enter/exit a vehicle unassiste *NOTE: We cannot provide wheelc	· · · · ·	No Truck (hig	her step): Yes No
Other services you use (i.e., Meals on	•	g Call):	
	_		
Emergency Contact Information	Phone:		
Emergency Contact Information	Phone:	Rel	
Emergency Contact Information Name: Please note that all registrant informa I understand this is a program using Volur	Phone:	Rel ntial and used by t	lationship:  he VTN Program only.
Emergency Contact Information Name:	Phone:Phone:Phone:Phone:	Rel ntial and used by t their time and milea all requests (one wea by hours (not weeken the ride Plus immediately	lationship: he VTN Program only. age to help our ek notice is best)
Emergency Contact Information Name: Please note that all registrant informat I understand this is a program using Volur community. I have read and agree to the for ✓ I must give at least three (3) business ✓ I understand that VTN rides are availat ✓ I will not make requests of drivers bey ✓ If my plans change or are cancelled, I	Phone:Phone:	Rel ntial and used by the their time and milea all requests (one weat by hours (not weeken the ride Plus immediately cedure Sheet I injury) against Peo Transportation Network	lationship: he VTN Program only. ge to help our ek notice is best) nd) ople Plus or VTN work (VTN). In addition
Emergency Contact Information Name: Please note that all registrant information I understand this is a program using Volur community. I have read and agree to the for ✓ I must give at least three (3) business ✓ I understand that VTN rides are availad ✓ I will not make requests of drivers bey ✓ If my plans change or are cancelled, I ✓ I have read and understand the enclose I waive all claims of any type (including, B volunteers for their action or inaction asso to waiving all claims of liability against th	Phone:	Rel ntial and used by t their time and milea all requests (one wea by hours (not weeken the ride Plus immediately cedure Sheet 1 injury) against Peo Transportation Netwindemnify them from	lationship: he VTN Program only. ge to help our ek notice is best) nd) ople Plus or VTN work (VTN). In addition

Questions? call 207-729-0757 Revised 3/18