

Transportation Application



Participant Information

Last Name	First Name	Middle Initial	
Address	City	State	Zip
Cell Phone Number		Home Phone Number	

Emergency Contact Information

First Name	Last Name	Relationship
Home Phone Number	Cell Phone Number	Work Phone Number

Do you own a working vehicle? _____ Yes _____ No

Has your license been revoked of driving? _____ Yes _____ No

Do you require the use of a mobility device when traveling? _____ Yes _____ No

Check all that apply: _____ Manual Wheelchair _____ Support Cane
 _____ Crutches _____ Walker
 _____ Portable Oxygen _____ White Cane (for visually impaired)
 _____ Power Wheelchair or Scooter up to 48" x 30" and no more than 800 lbs. when occupied

Do you use a service animal? _____ Yes _____ No if yes, please describe the type of animal and what service(s) the animal was trained to perform: _____

Any Medical Notes that should be aware of (ex. Diabetic, Hypertension, Dementia) _____

Please check the days you are interested in transportation.
 Services will be available from 8:30 a.m. to 12:45 p.m.

Monday _____	Tuesday _____	Wednesday _____	Thursday _____	Friday _____
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Explanation of Transportation Needs: _____

For Office Use Only:

Manager's Signature _____ **Date** _____ **Supervisor's Signature** _____ **Date** _____

Approved	Denied
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Passenger Rules

- 1. All passengers must wear their seat belt and remain seated at all times.**
- 2. No smoking, eating, or drinking on the bus.**
- 3. Do not lean or extend the body or articles from the vehicle.**
- 4. Do not disturb the driver while the vehicle is in motion.**
- 5. Passenger must treat each other with respect.**
- 6. No loud talking or use of profanity.**
- 7. Passenger must keep the aisles clear at all times.**
- 8. Passenger belongings must be kept in their laps or be able to be stowed under the seat.**

Signature of Participant

Date