



Getting There Ride Share

Passenger Registration Form

Dr. Mr. Mrs. Ms. NAME: _____

HOME ADDRESS: _____

Street address & apartment/suite number

City / State/Zip Code

NAME OF YOUR DEVELOPMENT: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____ DATE OF BIRTH: _____

(Must be 60 years of age or older)

EMERGENCY CONTACT: Dr. Mr. Mrs. Ms. _____

Address: _____ City _____

State _____ Zip _____ Email _____ Relationship _____

EMERGENCY CONTACT

PHONE NUMBER: CELL PHONE: _____ HOME PHONE _____

Note: this number must be different than the home or cell phone listed for the passenger.

WILL ANYONE BE TRAVELING WITH YOU? yes ___ no ___ If yes, name _____

If yes, contact our office immediately to request additional Passenger Waiver Forms. Each passenger must have a Passenger Waiver Form signed and on file in our office before a ride can be scheduled

DO YOU HAVE ANY NEEDS A DRIVER SHOULD KNOW WHILE DRIVING YOU?

(Ex: limited vision, cane or walker use; need assistance walking; problems in getting in high step vehicles):

DIRECTIONS TO YOUR RESIDENCE (i.e. new street; shared driveway, etc):

Do you speak/understand English: yes___ no___ If no, language: _____

If no, please give the name of someone we could contact for you who speaks English: _____

How did you hear about **Getting There Ride Share**? _____

** Emergency Contacts may be included in periodic mailings from Getting There Ride Share.*

Please return this form to: **Getting There Ride Share, PO Box 34, Darlington, MD 21034**



Getting There Ride Share

Passenger Waiver Form

Passenger Waiver:

I understand and expressly assume all the dangers of transportation using **Getting There Ride Share**. I waive all claims arising out of the transport whether caused by negligence, breach of contract or otherwise; and whether for bodily injury, property damage or loss or otherwise, that I may ever have against **Getting There Ride Share**, its successors and assigns, its officers, directors, agents, volunteers, employees, and their executors, administrators and heirs.

In the case of a medical emergency, I understand that the driver is instructed to call 911 and follow the direction that they provide. A copy of the procedures is available upon request.

I will pay for parking or tolls that are required for any trip I request.



Signed _____ Date _____

Please print name _____

Phone: _____ Emergency contact: _____

Relationship to passenger: _____

Phone numbers: home: _____ work/cell: _____

Please send form to: Getting There Ride Share, PO Box 34, Darlington, MD 21034



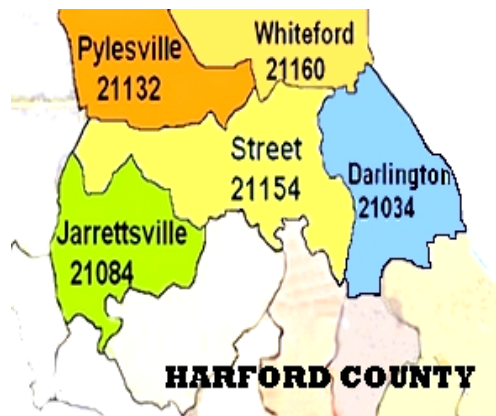
Getting There Ride Share

PASSENGER INFORMATION

WHO WE SERVE

This program serves seniors, sixty years and older, residing in the following zip codes:

**Whiteford-21160, Street-21154,
Darlington/Dublin-21034,
Pylesville-21132,
Jarrettsville-21084.**



Passengers must provide the pick-up time, appointment time, number of passengers and the complete destination address, zip code, telephone number and estimated return trip time. For medical appointments to the doctor's name, group practice name, and phone number are needed.

Passengers are required to contact the Getting There RIDE SHARE office by phone at (410)836-3005 or through our web site www.gettingthererideshare.org at least three (3) business days in advance to schedule trip(s). In order to allow time to find a volunteer driver, please request rides as soon as the date the ride needed is known. The call day chart follows:

<u>Call Day</u>	<u>First Available Ride Day</u>
Monday	Friday
Tuesday	Saturday, Sunday or Monday
Wednesday	Tuesday
Thursday	Wednesday
Friday	Thursday

Office hours are Monday through Friday, 9:00 AM to 2:00 PM. Messages left on the answering machine after 2:00PM and weekends are returned the next business day.

FARES

<u>Zone</u>	<u>Fare</u>
Within one zip code	\$5.00/roundtrip
Between neighboring zip codes	\$6.00/roundtrip
To other zip codes in Harford County	\$7.00/roundtrip
To other jurisdictions in Maryland	TBD (case by case basis)

Our office is located at the Wilson Ministry Center:

**Checks should be made payable to
Wilson Ministry Center c/o GTRS**

PO Box 34

Darlington, MD 21034

410-836-3005

Or you may use your PayPal account on line.