



TRANSPORTATION COORDINATION
FOR NORTHWEST VALLEY RESIDENTS

Rider Enrollment Packet

Name: _____

Address: _____

City: _____ Zip Code: _____ Email: _____

Phone: _____ Cell Phone: _____

For statistical purposes only:

Race: _____ Marital Status: _____ Religion: _____

Gender: Male Female Date of Birth: _____ Primary Language: _____

Annual Household Income: (This information may help you qualify for a low-income program and also helps us by providing statistics for grant applications.)

Less than \$10,000 \$10,000-\$19,999 \$20,000-\$29,999 \$30,000-\$39,999

\$40,000-\$49,999 \$50,000-\$59,999 \$60,000-\$74,999 \$75,000-\$99,999

Over \$150,000 Unknown/Declined to Report

Number in Household _____

Emergency Contact Information

Name: _____ Relation: _____

Phone: _____ Email Address: _____

Please complete both sides.

Rider Enrollment

Rider Name: _____

How did you hear about *Northwest Valley Connect*? _____

What form of transportation are you currently utilizing? _____

Have you used Dial-A-Ride? _____

What do you need transportation for? (Check all that apply)

- Medical Appointment
- Grocery Shopping
- Social
- Employment

What type of rides will you be primarily using *Northwest Valley Connect* for? (Check all that apply)

- Volunteer Driver Program
- Group Trips

If you utilize a wheelchair, can you self-transfer and walk independently? Yes No

Do you require physical assistance? Yes No

If yes, please describe. _____

If assistance is needed, an enrolled Caregiver must accompany the rider.

Caregiver name: _____ Phone: _____

To help us better serve you, check all below that apply.

X	MOBILITY AIDES	X	HEALTH
	Cane		Vision Impaired
	Walker (light weight)		Hearing Impaired
	Walker (with seat)		Oxygen Tank
	Collapsible Wheelchair		Difficulty standing for more than 10 minutes
	Motorized Wheel Chair		Fall risk

For Office Use: Date Filed: _____

Date Filed: _____

Rider Agreement _____

Transportation Waiver _____

Rider Agreement

Please read, complete, sign, and return to the *Northwest Valley Connect* office before receiving your first ride. Thank you.

Northwest Valley Connect or
PO Box 9303
Surprise AZ 85374

Northwest Valley Connect
9445 N 99th Ave, Peoria, AZ 85345
NorthwestValleyConnect.org

General:

- *Northwest Valley Connect* is designed for individuals with limited transportation options
- *Northwest Valley Connect* reserves the right to determine rider eligibility
- Please notify the *Northwest Valley Connect* office of ride cancellations with at least 24 hours' notice. Excessive cancellations may result in dismissal from the program;
- Riders must be prepared to depart at the requested pick-up time;
- Riders must be mentally alert and ambulatory or able to self-transfer into and out of the vehicle. If not, caregiver enrollment is required;
- Please do not tip the Drivers. Those Riders who would like to donate money may donate directly to the program; and
- If there is a problem or concern with a Driver, Riders should call *Northwest Valley Connect* and notify the staff immediately at 623-282-9304.

Group Trips (Group Transportation)

- Advance notice, a minimum of three business days for Group Trips;
- Group trips cost will vary determined by the length of trip;

Volunteer Driver Trips (Individual Transportation):

- A minimum advance notice of 5 days is requested for all appointments. The maximum notice is one month prior to the appointment;
- Rides are donation-based. Contributions are encouraged and appreciated, and will help ensure the longevity of the Program.
- NVC provides all Volunteer Drivers with additional liability coverage for the third party.

Print Name: _____

Signature: _____

Please complete both sides.

Release and Waiver of Liability and Indemnity Agreement

In consideration of my voluntary participation in a NVC transportation program, I _____, hereby agree to the following:

I hereby release, waive, indemnify and hold harmless Northwest Valley Connect, its Directors, Officers, employees and volunteers from any loss, liability, and damage due to my voluntary participation in the transportation program.

I hereby assume full responsibility for the risk of bodily injury, death or property damage.

I further agree that the foregoing Release and Waiver of Liability and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the law of the State of Arizona, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have read and voluntarily sign the Release and Waiver of Liability and Indemnity Agreement, and further agree that no oral representations, statements or inducements, apart from the foregoing written agreement, have been made.

Signature of Rider _____ Date _____

NVC Staff Title _____ Date _____