



# READY RIDES

## Passenger Registration

Send completed form to: *Ready Rides* PO Box 272, Northwood, NH 03261 OR [info@readyrides.org](mailto:info@readyrides.org)

**TWO PLACES TO SIGN, Page 2 and Page 5.**

PASSENGER'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

\_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

\_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

In order to help you with some of your transportation needs, please provide the information asked for in the following questions. Any information you share with us is strictly confidential. We want to make sure that Ready Rides is the right solution for you. Ready Rides' trained volunteer drivers provide rides in their own legally inspected, registered, and insured vehicles.

**Ready Rides is available to adult residents of Barrington, Northwood, Nottingham, and Strafford who are age 55 or better or who have a short or long-term disability that prevents them from driving.**

It is important to realize that while we will make every effort to arrange rides for you, as a volunteer agency we cannot guarantee it. Please call **at least one week** before your appointment to request a ride. This will get your request on the ride schedule so that we can try to find an available volunteer; it is not confirmation of a ride. If Ready Rides is very busy **we may need more notice**. You will hear from us no later than 48 hours before your appointment to confirm your ride or to let you know that we need to reschedule.

You will be contacted to confirm that you are registered with Ready Rides and can begin requesting rides.

Your signature is required below to acknowledge that:

**You have received and read Ready Rides' Service Description explaining the passenger policies and procedures.**

**You understand and expressly assume all risks inherent in motor vehicle transportation.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

1. How did you learn about Ready Rides?

- I was referred by: Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
(Those under 55 must provide a name and phone number for a referral so Ready Rides can verify that the need for transportation is based on a disability or chronic medical condition. Doctors, counselors, visiting nurses or social workers are examples of referrals.)
- I saw a brochure.
- Other \_\_\_\_\_

2. Why do you require transportation assistance?

- I no longer drive/I never drove (applies only to passengers aged 55 and over )
- I have a disability that prevents me from driving
- Other: \_\_\_\_\_

(i.e. recent surgery, medical condition, medication)

- 3. Are you able to get from your home to the driveway or curb with little or no assistance? • YES • NO
- 4. Are you able to get in and out of a car with little or no assistance? • YES • NO
- 5. Are you able to get into a truck, van or SUV with little or no assistance? • YES • NO
- 6. Do you have any equipment that you will bring with you, i.e., a walker or oxygen? • YES • NO

\*If YES, what kind of equipment? \_\_\_\_\_

- 7. Do you have a Seeing Eye or service dog that will accompany you? • YES • NO
- 8. Will someone accompany you on trips? • YES • NO

\* If Yes, will the other passenger be a child? • YES • NO

- If the other passenger is an adult, please complete a separate registration form for them.

9. Ready Rides often works with other agencies such as, but not limited to, Lamprey Health Care, the American Cancer Society, the Disabled American Veterans and Medicaid to fill transportation

requests. If appropriate, may we share your contact information with other agencies? **A "NO"**  
**response will not prevent eligible passengers from using Ready Rides' services.**

• YES • NO

10. Are you a Medicaid recipient?

• YES • NO

11. Are you a veteran? (This question is asked for demographic purposes only)

• YES • NO

12. Emergency contact information:

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

THEIR HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

13. Please provide the name, address, and phone number for some of your expected destinations (you will **not** be limited to visiting only these listed destinations) :

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14. Please let us know if there is additional information we need to help you with your ride needs.

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## Volunteer-Provided Transportation

### Passenger Liability Waiver

I, (printed name \_\_\_\_\_) , hereby acknowledge that I understand the health risks associated with participating in volunteer-provided transportation, namely potential exposure to coronavirus, a virus that causes serious illness (COVID-19) and may lead to death.

I understand that “social distancing” (maintaining a minimum distance of six feet from all other people, regardless of whether or not they show symptoms of illness) is the primary method recommended by the Centers for Disease Control and Prevention to stem the spread of the virus. I further understand that safe social distancing in a private vehicle is not possible, and that participating in volunteer-provided transportation may result in contracting coronavirus, followed by serious illness and possibly, death.

I understand that Ready Rides additionally requires the driver and passenger to wear a mask and, the driver will use disinfecting wipes on surfaces and applying hand sanitizer, and an N-95 respirator mask, during and immediately after volunteer-provided transportation, I further understand that none of these measures may prove effective and that I may remain at heightened risk of contracting coronavirus due to volunteer-provided transportation.

I understand that it is recommended I take my temperature within a one-hour window before volunteer-provided transportation and to immediately notify Ready Rides ride coordinator if my temperature is 100.4 degrees Fahrenheit or higher; or if I am experiencing an unexplained loss or altered sense of smell or taste, cough, or shortness of breath.

I further understand that I may not participate in volunteer-provided transportation if I have such symptoms. I also agree to notify Ready Rides if such symptoms appear within fourteen (14) days after participating in volunteer-provided transportation. You consent to Ready Rides notifying any volunteer, member, agent, officer, employee, or other person of the existence of these

symptoms.

I understand that Ready Rides is not liable for any illness or death that may occur as a result of my use of volunteer-provided transportation. As a condition for the transportation received, I, for myself, my executors and assigns, further agree to release and forever discharge Ready Rides and its agents, officers, employees and volunteers from any claim that I might have myself or that I could bring on another's behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_