



# KEEN CENTER FOR SENIOR RESOURCES TRANSPORTATION PROGRAM APPLICATION

VOLUNTEER DRIVER PROGRAM     YELLOW CAB TAXI PROGRAM     BOTH

## PARTICIPANT INFORMATION

NAME			DATE OF BIRTH*
LAST	FIRST		
ADDRESS*			HOME PHONE*
CITY	STATE	ZIP	MOBILE PHONE*
DO YOU REQUIRE A MOBILITY DEVICE OR SPECIAL EQUIPMENT FOR TRANSPORT?			
<input type="checkbox"/> WHEELCHAIR	<input type="checkbox"/> OXYGEN	<input type="checkbox"/> SERVICE ANIMAL	<input type="checkbox"/> NONE
<input type="checkbox"/> WALKER	<input type="checkbox"/> ELECTRIC WHEELCHAIR	<input type="checkbox"/> LEG/ARM BRACES	<input type="checkbox"/> OTHER:
<input type="checkbox"/> CANE	<input type="checkbox"/> ELECTRIC 3 WHEEL SCOOTER		_____

## PRIMARY EMERGENCY CONTACT

CONTACT NAME			
ADDRESS*			RELATIONSHIP
CITY	STATE	ZIP	PHONE*

## SECONDARY EMERGENCY CONTACT

CONTACT NAME	RELATIONSHIP	PHONE*

## DOCTOR INFORMATION

List your two most frequently visited doctors.

PHYSICIAN NAME			PHONE*
1.			
CITY	STATE	ZIP	HOSPITAL/MEDICAL GROUP

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# TRANSPORTATION PROGRAM APPLICATION

PHYSICIAN NAME			PHONE*
2.			
CITY	STATE	ZIP	HOSPITAL/MEDICAL GROUP

## TAXI DESTINATION

List your two most frequently visited places.

DESTINATION		PURPOSE OF VISIT	
1.			
ADDRESS	CITY	STATE	ZIP
DESTINATION		PURPOSE OF VISIT	
2.			
ADDRESS	CITY	STATE	ZIP

## MEDICAL INFORMATION/NOTES FOR STAFF

PROVIDE MEDICAL INFORMATION (e.g. heart condition, diabetes, arthritis, disabilities, etc.)

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### RELEASE/OBTAINING INFORMATION

I authorize Outreach Services, City of Irvine to contact medical professionals and emergency contacts to obtain/release information pertinent to my current situation for the purpose of care planning and

\_\_\_\_\_  
INITIALS

### CONSENT FOR SERVICES

I, the undersigned, hereby consent to receive non-emergency medical transportation service provided through Irvine Senior Services, City of Irvine.

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CAREGIVER/GUARDIAN SIGNATURE  
ON BEHALF OF PARTICIPANT

\_\_\_\_\_  
DATE

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# KEEN CENTER TRANSPORTATION PARTICIPANT DISCLAIMER, WAIVER, AND INDEMNIFICATION

Welcome to the Keen Center Transportation Program. Through this program, you have option to apply for one or both of the following: the Volunteer Driver Program and the Yellow Cab Taxi Program.

## **VOLUNTEER DRIVER PROGRAM**

Our Volunteer Driver Program connects you with compassionate volunteers who can provide non-emergency medical transportation for seniors. With this program, you can schedule up to two round-trip rides per month, totaling four one-way rides for doctor's appointments. Once assigned a volunteer, we'll coordinate the details, including time and location, through the Keen Center for Senior Resources. The assigned volunteer will reach out to you to confirm the transportation details. Please note that eligibility for Volunteer Driver Program is determined by the City based on mobility and cognitive requirements. While we strive to accommodate all ride requests, we cannot guarantee volunteer availability for every trip. In such cases, we provide the option of Yellow Cab Taxi transportation as a substitute, should you agree to it. Additionally, it's important to understand that neither the City nor the volunteers can provide emergency medical transportation. In case of an emergency, please dial 911. As the City cannot monitor all volunteer services, we encourage you to assess their skills and communicate any questions or concerns to us. By signing below, you acknowledge that the City does not assess or guarantee the volunteers' character or driving skills, and you are responsible for evaluating their suitability. If you ever feel uncomfortable with the assigned volunteer(s), please inform the City, and we'll assign another volunteer as soon as possible. Should a volunteer driver have any safety concerns regarding your well-being, they are instructed to contact 911 and notify the Keen Center staff.

## **YELLOW CAB TAXI PROGRAM**

The Yellow Cab Taxi Program provides taxi services within Irvine for various destinations, including Irvine Senior Centers, medical appointments, pharmacies, grocery stores, faith-based services, Social Services agencies, and community social gatherings. Registered participants are eligible for two round-trip taxi rides per month, totaling four one-way rides. The Yellow Cab Taxi Program operates under the Keen Center for Senior Resources as an Assistance Program. Although transportation is primarily limited to Irvine, we do evaluate requests for travel outside the City boundaries based on the severity of circumstances. Such requests are subject to supervisor review and approval. Similar to the Volunteer Driver Program, it's essential for you to assess the skills of the taxi drivers and ensure your comfort level with them. If you have any questions or concerns, please communicate them to the City. By signing below, you acknowledge that the City does not assess or guarantee the character or driving skills of the taxi drivers, and you are responsible for evaluating their suitability.

To participate in either the Volunteer Driver Program or Yellow Cab Taxi Program, please complete the Keen Center Transportation Program Application before your scheduled transportation date. For any concerns or situations related to the programs, please feel free to contact the Keen Center Program Specialist at 949-724-6926 or 949-724-6930.

## **WAIVER, RELEASE, AND INDEMNIFICATION**

By signing below, the undersigned hereby releases, waives, and holds harmless the City of Irvine and its Council members, officers, employees, volunteers and agents (collectively "City Representatives") from any and all suits, claims, damages, losses, injuries (including property damage, bodily injury or death), and any other compensable loss of any type (collectively "Claims") to you and your family directly or indirectly arising out of your participation in the Keen Center Transportation Program, or out of the actions, conduct or inaction of the volunteers, whether or not the negligence of the City or City Representatives contribute to or cause the Claims. This release does not apply to the extent the Claims are caused by the gross negligence or willful or wanton misconduct of the City or City Representatives. You further agree to defend and indemnify the City and City Representatives from any and all Claims directly or indirectly arising out of the negligent, reckless or willful acts or omissions of you or your family.

**I CERTIFY THAT I HAVE READ AND UNDERSTAND THIS AND AGREE ON BEHALF OF MYSELF AND MY FAMILY.**

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARTICIPANT NAME