



KEEN CENTER FOR SENIOR RESOURCES VOLUNTEER DRIVERS PROGRAM APPLICATION

PARTICIPANT INFORMATION

NAME			DATE OF BIRTH*
LAST	FIRST		
ADDRESS*			PHONE*
CITY	STATE	ZIP	COMMUNITY
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*
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DOCTOR INFORMATION

List your three most frequently visited doctors.

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

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VOLUNTEER DRIVERS PROGRAM APPLICATION

PHYSICIAN NAME			PHONE*
2.			
CITY	STATE	ZIP	HOSPITAL/MEDICAL GROUP
PHYSICIAN NAME			PHONE*
3.			
CITY	STATE	ZIP	HOSPITAL/MEDICAL GROUP

MEDICAL INFORMATION

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

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 coordination of referrals and services.

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

NON-EMERGENCY MEDICAL TRANSPORTATION PARTICIPANT DISCLAIMER, WAIVER, AND INDEMNIFICATION

Welcome to the Volunteer Drivers Program. Through this program, volunteers may be available to provide non-emergency medical transportation to seniors for doctors' appointments up to two (2) times per month.

As a participant, you may be assigned a volunteer. Trips will be coordinated, with time and location verification through the Keen Center for Senior Resources. The assigned volunteer will contact you to re-confirm the time and location of the transportation. The City will make the determination if you meet the mobility and cognitive requirements to be eligible for volunteer transportation. The City and the volunteers cannot guarantee that a volunteer will be available for all ride requests. Also, you should NOT rely on the City or the volunteer to provide any type of emergency medical transportation. If there is an emergency, you should call 911.

It is not possible for the City to monitor all of the volunteers during their volunteer services, so it is important for you to assess their skills and your comfort level with them and to communicate questions or concerns to the City. By signing below, you acknowledge that you understand the City does not assess or guarantee the volunteers' character or driving skills, and you are not relying on the City in any way to do so. If for any reason you are not comfortable with the volunteer(s) assigned to you, please let the City know and another volunteer will be assigned as soon as possible.

If a situation arises that concerns the volunteer driver about the safety of the participant, the volunteer has been instructed to call 911, as well as to alert the Keen Center staff. You should feel free to notify the City about any concerns or situations that arise from the program by contacting the Keen Center Program Specialist at 949-724-6926 or 949 724-7099.

In order to participate in the Volunteer Drivers Program, you agree to complete the Volunteer Drivers Program Application prior to date of volunteer transportation.

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 Volunteer Drivers 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