

MyRide TN Southeast Membership Application



Office Use Only

Application Received:	Membership Paid:	Date:
No. of rides purchased: @ \$ /ride	Amount:	Check No:
Data entered by:	Date:	
Approved by:	Date:	

Rider Contact Information

Full Name:		Date of Birth:	
Address:			Address 2:
City:	State:	Zip:	
County:	Neighborhood:		
Marital Status:		Ethnicity:	
Email:			Gender:
Home:	Work:	Cell:	
Veteran:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Living Alone:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Handicap Vehicle Placecard:	Yes <input type="checkbox"/> No <input type="checkbox"/>
I Use:	Glasses <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Oxygen <input type="checkbox"/> None of the above <input type="checkbox"/>		

Level of Assistance You Will Require

I Will Need Assistance: Getting To/From the Vehicle <input type="checkbox"/> Getting Into the Vehicle <input type="checkbox"/>
I Can Ride in Taller Vehicles: Yes <input type="checkbox"/> No <input type="checkbox"/>

Scholarship Program

MyRide TN Southeast receives grants and donations to help cover the fees associated with this program. Scholarships are dependant on meeting eligibilty criteria and availability of funding.

I want to be considered for the MyRide Scholarship Program: Yes No

Monthly Income: \$

Emergency Contact Information

Name:	Relationship:
Address:	
Cell:	Email:
Name:	Relationship:
Address:	
Cell:	Email:

Return this application & 2 attached forms with your check payment for \$25 plus any additional ride prepayment to MyRide TN Southeast, P.O. Box 4757, Chattanooga, TN 37405. Please remember all rides are prepaid and drivers will not take any money. Questions? Call 423-424-4201. We look forward to serving you! Please make checks payable to SETAAAD/MyRide.



MyRide Volunteer Transportation Form 1

Informed Consent, Authorization for Emergency Treatment and Transportation Agreement

I, the undersigned, in consideration of my voluntary membership as a Rider in the MyRide Tennessee Southeast Transportation Program (hereafter referred to as “MyRide”), do hereby assume full responsibility for all risk of injury or loss which may result from my participation in MyRide. I acknowledge that I have received, read, and understand all the information provided by MyRide.

I agree to hold harmless, release and forever discharge the Southeast Tennessee Area Agency on Aging and Disability (SETAAAD), its officers, agents, employees, volunteers, and funders from any and all claims and demands whatsoever which I or any third party may have against them by reason of any accident, illness, injury, or death, or damage to, loss of, or destruction of property arising or resulting directly or indirectly from my participation in MyRide.

I understand, agree and acknowledge that travel by automobile is an inherently dangerous activity that may result in personal injury or possibly death and I understand and appreciate the nature of such hazards and risks. Additionally, to the best of my knowledge unless previously disclosed in writing to MyRide, I have no medical, physical, mental, or emotional health conditions that would hinder my participation in MyRide. In case of an emergency, I authorize the staff of MyRide to obtain whatever medical treatment deemed necessary for my welfare. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether my medical insurance would cover such charges and fees.

I agree that this Consent and Release shall be construed in accordance with the laws of Tennessee and that the venue for any legal proceeding arising out of this agreement shall be in Tennessee. If any term or provision of this Consent and Release shall be held illegal, unenforceable, or in conflict with any law governing this agreement, the validity of the remaining portions shall not be affected thereby.

I understand that MyRide is under no obligation to provide services to me and that my membership may be terminated at any time with or without cause. I also understand that

MyRide has a grievance policy in place to properly address any concerns and/or unresolved complaints that I may have related to my experiences.

I have carefully read this agreement and understand it to be a release of all claims and causes of action for my injury or death or damage to my property that occurs while I participate in MyRide. This release covers all activities and travel offered through MyRide. I expressly assume all risk related to such activities and travel.

Member Signature _____ Date _____



MyRide Rider Code of Conduct

Form 2

On behalf of the Southeast Tennessee Area Agency on Aging and Disability (SETAAAD) MyRide Tennessee Southeast Program, we welcome you as a rider! We thank you for using our service! We believe that you are special and deserve the best opportunities to enhance your quality of life. MyRide relies on the generosity of volunteer drivers to provide rides for you. It is important that you understand and follow the Code of Conduct and respect the volunteers by honoring it every time you receive a MyRide ride.

- I will be ready for MyRide at the scheduled time.
- I will always wear my seat belt (unless a medical condition prohibits it).
- I will not make derogatory or discriminatory remarks.
- I will not use alcoholic beverages or mood altering drugs prior to or during my ride.
- I will not smoke or eat in the driver's automobile.
- I will treat the driver with dignity, courtesy, and respect.
- I will immediately contact the driver and MyRide as soon as I know that I am not able to keep my requested ride. No shows and last-minute cancellations may result in penalties.
- A MyRide survey will be provided to me to address both positive and negative comments of the MyRide program. I will promptly complete it and mail it back to MyRide.
- I understand that MyRide provides service through the door, both at my house and at the destination, if I need it.
- I understand that the driver will only take me to the destination that is originally scheduled on the specific day of travel and to no other destination **without prior approval**.
- I understand the volunteer driver is not required to carry, lift, or provide special assistance that could cause harm.
- I know that I will be responsible to prepay for my rides and also pay for any parking or toll fees.
- I know that MyRide drivers cannot accept any money, gifts or tips.
- Donations are accepted, needed and tax deductible. I will mail any donation that I wish to make directly to MyRide Tennessee Southeast, C/O SETAAAD, P.O. Box 4757, Chattanooga, TN 37405. Gift certificates are also available.

I have an obligation to uphold this code of conduct or I could face temporary or permanent removal from the MyRide program. No refunds can be expected.

Print Name _____ Signature _____ Date _____



MyRide TN Southeast

A program of the Southeast Tennessee Development District and
Area Agency on Aging and Disability
P. O. Box 4757 • 1000 Riverfront Parkway • Chattanooga, TN 37405
Phone (423) 266-5781 • Fax (423) 424-4225 • 866-836-6678



Personal Release of Image/Likeness and Statements/Feature Story

Throughout the year MyRide TN Southeast and the Southeast Tennessee Area Agency on Aging and Disability/Southeast Tennessee Development District has requests for photographs, videos, statements and personal testimonials of participants/staff in our programs. Newsletters, videos, newspaper feature stories and photographs, press releases to our agency partners, promotional uses and the website, are typical uses of these images and stories. These projects help us to tell the story of MyRide TN Southeast and promote our good works in the community.

We would like permission to take your photograph for use in a slide and/or video presentation, print campaign or use your statement/personal story in a press release.

Please complete the following information:

Print Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Date _____

Signature _____

Witness (if applicable) _____

Yes, you may take photographs/video of me for use in a presentation about MyRide TN Southeast and the Southeast Tennessee Area Agency on Aging and Disability/Southeast Tennessee Development District. My name may be released with the photo. I understand that this is done on a volunteer basis and that I will receive no monetary compensation. I also give permission for my statements, interview remarks, and testimonials to be used in articles and feature stories.

No, please do not include any likeness or images of me in any official Southeast Tennessee Area Agency on Aging and Disability/Southeast Tennessee Development District media or those of other organizations.