



MyRide West TN Membership Application

Office Use Only

Application Received	Membership Paid	Date
No. of rides purchased:	Date:	Amount: Check No:
Data entered by:		Date:
Approved by:		Date:

Rider Contact Information

Name:	Date of Birth:	
Address:	Address 2:	
City:	State:	Zip:
County:	Neighborhood:	
Marital Status:	Ethnicity:	
Email:	Gender:	
Home:	Work:	Cell:
Living Alone: <input type="checkbox"/>	Veteran/Spouse: Yes <input type="checkbox"/> No <input type="checkbox"/>	Handicap Vehicle Placecard?
I Use Cane <input type="checkbox"/>	Walker <input type="checkbox"/>	Oxygen <input type="checkbox"/>
Payment Information	Check Enclosed <input type="checkbox"/>	Credit Card <input type="checkbox"/>
Visa <input type="checkbox"/>	Mastercard <input type="checkbox"/>	Other <input type="checkbox"/> # _____ - _____ - _____ Exp. Date
Security Code	Name as it appears on card	
Amount	Signature	

Level of Assistance You Will Require:

Low Profile/Curb-Level Vehicle	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Assistance Getting Into Taller Vehicles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
In-the-door <input type="checkbox"/>	To-the-door <input type="checkbox"/>	Curb-to-curb <input type="checkbox"/>	Door-through-door <input type="checkbox"/>
Escort <input type="checkbox"/>			

Emergency Contact Information

Name	Relationship
Address	
Cell	Email
Name	Relationship
Address	
Cell	Email

Return this application and with your check or credit card payment for \$25 to MyRide West TN, 102 E College Street, Jackson, TN 38301. Questions? Call 1-844-803-0169 We look forward to serving you! Please make checks payable to SWTDD/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 West Tennessee 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 Southwest Tennessee Area Agency on Aging and Disability (SWAAAD), 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 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 _____

Witness Signature _____ Date _____



MyRide Rider Code of Conduct

Form 2

On behalf of the Southwest Tennessee Area Agency on Aging and Disability (SWAAAD) MyRide West Tennessee 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 West Tennessee, C/O SWAAAD, 102 E College Street, Jackson, TN 38301. 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 _____