



## Rider Enrollment

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

*For statistical purposes only:*

Race: \_\_\_\_\_ Religion: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Annual Household income:

- |  |   |   |
|--|---|---|
| <input type="radio"/> Less than \$10,000         | <input type="radio"/> \$10,000-\$19,999 | <input type="radio"/> \$20,000-\$29,999 |
| <input type="radio"/> \$30,000-\$39,999          | <input type="radio"/> \$40,000-\$49,999 | <input type="radio"/> \$50,000-\$59,999 |
| <input type="radio"/> \$60,000-\$74,999          | <input type="radio"/> \$75,000-\$99,999 | <input type="radio"/> Over \$150,000    |
| <input type="radio"/> Unknown/Declined to Report |   |   |

Are you a paying member of any of the following partnering organizations?

- |  |  |
|--|--|
| <input type="radio"/> College Avenue Older Adult Center  | <input type="radio"/> North County Inland Older Adult Center |
| <input type="radio"/> University City Older Adult Center | <input type="radio"/> Seacrest Village - Rancho Bernardo     |
| <input type="radio"/> Town Park Villas/Co-Op             | <input type="radio"/> Lawrence Family JCC                    |
| <input type="radio"/> Synagogue, which one: _____        |  |

Medical Insurance: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**On the Go**

2525 Camino Del Rio, S.  
Suite 265  
San Diego, CA 92108  
(877) 63-GO-JFS  
www.jfssd.org



**Rides & Smiles® • Shuttles • Excursions**

On the Go is a program of the Jewish Senior Services Council  
delivered by Jewish Family Service

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Rider Name: \_\_\_\_\_

How did you hear about *On the Go*?

\_\_\_\_\_

What form of transportation are you currently utilizing? \_\_\_\_\_

\_\_\_\_\_

What type of rides will you be primarily using *On the Go* for?  
(Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Medical Appointments   | <input type="checkbox"/> Shuttle to a JFS Older Adult Center |
| <input type="checkbox"/> Shopping/Lunch Shuttle | <input type="checkbox"/> Social Activity                     |
| <input type="checkbox"/> Synagogue              | <input type="checkbox"/> Other: _____                        |

Do you require special assistance?  Yes  No

If yes, what type? \_\_\_\_\_

*If assistance is needed, an enrolled Caregiver must accompany the rider.*

Please check off all conditions that affect your mobility:

X	MOBILITY AIDES	X	HEALTH
	Cane		Vision Impaired
	Walker		Hearing Impaired
	Collapsible Wheelchair		Oxygen Tank
	Non-Collapsible Chair		Non-Ambulatory
Other:			

If you utilize a wheelchair, can you self transfer and walk independently?

Yes  No

For Office Use:

Date Filed:

Rider Agreement \_\_\_\_\_

Transportation Waiver \_\_\_\_\_

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## Rider Agreement

Please read, sign, and return to the *On the Go* office before you receive your first ride. Thank you.

### General:

- If you need to cancel a ride please notify the office of *On the Go* with at least 24 hours notice. Excessive cancellations may result in dismissal from the program
- Riders must be mentally alert and ambulatory. Ability to self transfer in and out of the vehicle is required.
- Drivers are not health aids or caregivers
- Please no tipping the drivers. If you would like to donate money, you may donate directly to the program
- If there is a problem or concern with a driver, riders should call JFS and notify the staff immediately, at 1-877-63-GO-JFS **(1-877-634-6537)**

### Shuttles and Excursions (Group Transportation):

- Advance notice, a minimum of 3 business days for Shuttles
- Shuttles cost \$3 each way, Excursions range from \$6 and up
- Please attempt to utilize *On the Go* Shuttles whenever possible

### Rides & Smiles (Individual Transportation):

- Advance notice, a minimum of one week, requested for all appointments maximum notice, the month prior
- Rides are donation-based. Please attempt to contribute the full donation
- If a driver is not matched to your ride request, you will have the opportunity to have a staff member reserve a cab for you
- Parking fees are the responsibility of the rider
- JFS provides all volunteer drivers with additional liability coverage for the third party through Philadelphia Indemnity Insurance Company

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

## Release and Waiver of Liability and Indemnity

In consideration of my voluntary participation in a JFS transportation program, I \_\_\_\_\_ hereby agree to the following:

I hereby release, waive, indemnify and hold harmless Jewish Family Service of San Diego, its directors, officers employees and volunteers from any loss, liability, and damage due to my voluntary participation in the transportation program.

I hereby assume full responsibility for the risk of bodily injury, death or property damage.

I further agree that the foregoing release and waiver of liability and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the state of California, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have read and voluntarily sign the release and waiver of liability and indemnity agreement, and further agree that no oral representations, statements or inducements, apart from the foregoing written agreement, have been made.

\_\_\_\_\_  
 Signature of Rider

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 JFS Staff

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date