



**SC WRCOG ADRC
ASSISTED RIDES PROGRAM (ARP)
ESCORT ENROLLMENT APPLICATION**

**Waccamaw Regional
Council of Governments
1230 Highmarket Street
Georgetown, SC 29440
(843) 546-8502
(843) 527-2302 Fax**

Privacy Act Notice: According to Title 5, U.S.C. § 552a (Privacy Act of 1974) as implemented by the Federal Register, 32 CFR Part 505, the Assisted Rides Program, under the Waccamaw Regional Council of Governments; Final Rule, protected personal information will not be disclosed from this application to any commercial enterprise or representative thereof or to any individual outside the Assisted Rides Program. This application will be safeguarded IAW paragraph § 505.2, of subject Federal Register. Obsolete copies will be destroyed. Failure to provide requested information will result in program participation denial. Additional information may be added on a separate sheet of paper.

Please print and complete all sections:

Name (First, Middle, Last and Maiden Name if applicable):	Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address, City and Zip:	Home Phone:	
Mailing Address, City and Zip (if different from above):	Cell Phone:	
Emergency Contact (Name, Phone #, Relationship):	Your Email Address:	

Escort Responsibility

I understand it is my major responsibility to provide special assistance to ensure safety of my passenger. Duties include, but are not limited to the following:

- Escorting passenger to and from their home and to and from their designated location.
- Lifting and/or positioning passenger in or out of the volunteer driver's vehicle.
- If needed, accompanying passenger at their designated location.
- As needed, lift and/or carry packages, wheelchair, medical equipment, etc., in and out of the volunteer driver's vehicle, home, or designated location.

Assurance/Authorization Statements (Please initial each statement)

Initial Below

I understand that my participation in the program as an escort is voluntary; that the SC WRCOG ADRC ARP; and the sponsoring organization, all participating organizations, and its employees are not legally required to offer or perform the transportation service for the Passenger I am willing to escort.	
I agree to indemnify and hold harmless Waccamaw Regional Council of Governments, its sponsoring organization and all participating organizations, its employees, officers and directors and any and all organizations, agencies or individuals who provide funding to or other assistance or otherwise support the program from any claims, losses and liabilities arising out of or in any way connected with my participation in the SC WRCOG ADRC Assisted Ride Program.	
I also agree to indemnify and hold harmless the volunteer driver from any or all claims or suits which might arise out of this arrangement and agree to indemnify them against claim, suit or loss arising out of these arrangements which may be rendered against them.	
I give the SC WRCOG ARP permission to use my contact information as provided above so that if needed, I can be contacted; also I have provided a copy of my identification card and/or Driver's License.	
I acknowledge my responsibilities as an Escort, and will inform the SC WRCOG ARP of any changes to the information listed above before performing another Escort assignment.	

Applicant's Signature

Date

I have explained the above to the escort and witnessed the signing of this escort enrollment application.

Witness

Date

Printed Name

Agency