



**SC WRCOG ADRC
ASSISTED RIDES PROGRAM (ARP)
PASSENGER 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	Medicaid
			<input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
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:		
Do you claim any disability due to illness, injury, age, congenital malfunction, or other incapacity?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered Yes to the above question, is your limitation/disability permanent or temporary? If temporary (please state the length of time; i.e., 1 month, 6 months, etc.) _____				<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
In order to provide you the safest and best volunteer transportation experience, please identify all of the below that apply:				
<input type="checkbox"/> Service Animal _____ What task(s) has the animal been trained to provide?	Do you need a Personal Escort <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, escort must complete an escort enrollment application.		Mobility Aid: <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Wheelchair	
In what way can the Volunteer Driver help you during your trip?				
Assurance/Authorization Statements (Please initial each statement)				Initial Below
I understand that my participation in the program is voluntary; that the SC WRCOG ADRC ARP may restrict or limit destinations; and the sponsoring organization, all participating organizations, and its employees are not legally required to offer or perform the service.				
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 ARP.				
I also agree to indemnify and hold harmless the volunteer driver and/or escort 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 ADRC ARP permission to use my contact information as provided above so that I can obtain volunteer transportation services; also a copy of my identification card and/or Driver's License has been provided to the ARP Mobility Manager.				
I certify the above information is correct to the best of my knowledge. Moreover, I state that I am at least 60 years or older or at least 21 years of age with a permanent / temporary disability. Additionally, if any of the information on this form changes, I assume the responsibility to inform the appropriate agency.				

Applicant's Signature

Date

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

Witness

Date

Printed Name

Agency