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**Ride Assist Services**  
3908-2 Old Buckingham Rd, Powhatan VA 23139  
Phone: 804-698-0438 Fax: 804-598-5614

**Registered Riders must be Powhatan County residents age 60 or above.  
This program is for those who are unable to drive.**

**RAS does not duplicate any transportation services that may be provided through an individual's healthcare.**

*Please return completed registration to the address or fax above.*

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Are you a Veteran? Yes  No

Are you deemed disabled through Social Security Administration? Yes  No

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Church Affiliation (if any) \_\_\_\_\_

Do you have full coverage Medicaid? Yes  No

Are you fully vaccinated for coronavirus? Yes  No

- Please select your racial heritage:
- \_\_\_\_\_ White
  - \_\_\_\_\_ Black/African American
  - \_\_\_\_\_ Asian
  - \_\_\_\_\_ Asian & Black/African American
  - \_\_\_\_\_ Asian & White
  - \_\_\_\_\_ American Indian/Alaskan Native
  - \_\_\_\_\_ Black/African American & White
  - \_\_\_\_\_ American Indian/Alaskan Native & White
  - \_\_\_\_\_ Native Hawaiian/Other Pacific Islander
  - \_\_\_\_\_ American Indian/Alaskan Native & Black
  - \_\_\_\_\_ Other/Unknown

How did you hear about Ride Assist Services? \_\_\_\_\_

**Aides** - Do you use any of the following when traveling in a vehicle:  
 Wheelchair     Folding Walker     Cane     Service Animal

Why are you in need of this service?  
\_\_\_\_\_

Do you have any physical or medical conditions we should be aware of? If yes, please explain:  
\_\_\_\_\_

Would you have difficulty entering an SUV (as opposed to a sedan)? Yes  No

**Emergency Contact Information**

Name of Emergency Contact \_\_\_\_\_ Relationship to you \_\_\_\_\_

Emergency Contact Phone Numbers

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Family Contact Information (If other than Emergency Contact.)**

Name of Family Contact \_\_\_\_\_ Relationship to you \_\_\_\_\_

Family Contact Phone Numbers

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Acknowledgement of Ride Assist Services Guidelines, Permission  
AND WAIVER OF LIABILITY AND INDEMNIFICATION**

I, the undersigned, hereby waive all claims for myself and my heirs against Powhatan County, Virginia, its officers, agents, and employees for any injury to my person or property that may result from my participation in the Ride Assist Services Program. I also agree to indemnify and hold harmless Powhatan County, its officers, agents, and employees from and against any and all claims and liabilities for injuries to persons or property which may be suffered by anyone as a result of my participation in this activity. I agree to abide by all Rider and Safety Guidelines. Additionally, I agree that if any provision of this waiver is held void by a court of competent jurisdiction, the remainder shall be effective to the maximum extent permitted under Virginia law. I also give my permission to utilize any photos taken while participating in Ride Assist Services.

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date

Powhatan County Ride Assist Services is committed to ensuring that no person is excluded from participation in its volunteer transportation program for seniors on the basis of race, color or national origin, as protected by Title VI of the Civil Rights Act of 1964. For additional information on Powhatan County Ride Assist Services' nondiscrimination policies and procedures, or to file a complaint, please contact Title VI Coordinator, 3908-2 Old Buckingham Road, Powhatan VA 23139

*Thank you so much for taking the time to tell us about yourself.*