

**JOHNSON COUNTY**
KANSAS
Aging & Human Services

**Catch-A-Ride (CaR) Volunteer Transportation
Rider Application**

Please fill out the following application for Catch-A-Ride transportation services

Personal Contact Information

_____	_____	XXX-XX-_____
Last Name	First Name	last 4 of Social Security #
_____	_____	_____
Address	Apt. Number	Apt. Complex
_____	_____	_____
City	Zip	Home Phone number
_____	_____	_____
Cell Phone Number	Email	MM/DD/YY Date of Birth

Criminal History

Please answer the following question regarding any current or past criminal history. **Any falsified information will be an automatic denial or discontinuation of services.**

Have you ever been convicted of a criminal offense other than a minor motor vehicle violation? If so, what was the charge and date of conviction?

Are you ordered by a court to participate in rehabilitation services (probation, parole, psychiatric care, diversion, house arrest, etc.)?

Is English your primary language? _____ Yes _____ No _____

If no, what is your primary language?

Mailed on: _____

JOHNSON COUNTY
KANSAS
Aging & Human Services

Special Needs/Health Conditions

Do you (mark all that apply):

____: need hand to elbow assistance

____: use a cane or walker (specify _____)

____: use a wheelchair

____: use oxygen

____: have a visual impairment

____: use a documented service dog

____: seizure

Other (please explain): _____

Needs Evaluation: (Catch a Ride meets the needs of those who are elderly, disabled or in a life transition with no other transportation resources)

1) Please check one of the following:

I am: ____ 60 years or older

____ documented disability (please explain) _____

____ in a life transition with no transportation
(Please explain) _____

JOHNSON COUNTY
KANSAS
Aging & Human Services

Catch-a-Ride (CaR)

Authorization to Release Confidential Information

***please list someone other than yourself, you may list your emergency contact or another individual**

The health and welfare of Johnson County Catch-a-Ride riders is of the utmost importance to the CaR staff and volunteers. If a CaR volunteer driver has a concern about the safety or medical welfare of his/her rider, this form has been developed to allow CaR staff to contact the individual(s) indicated below.

No other information about the rider, other than what the driver has observed, will be discussed with the designated individual without the written consent of the rider.

I hereby authorize Johnson County Catch a Ride to release protected and confidential information, such as medical or safety concerns to the following:

Name and telephone number of individual (s)

*please list someone other than yourself

Emergency Contact Information

Name _____

Relationship _____

Address

Apt. Number

Apt. Complex

City

State

Zip

Phone number

JOHNSON COUNTY
KANSAS
Aging & Human Services

J

Johnson County *Catch-a-Ride*
ACKNOWLEDGEMENT OF AGREEMENT
****MUST BE FILLED OUT TO RECEIVE CAR SERVICES***

I have read the foregoing Johnson County *Catch-a-Ride* GUIDELINES and CODE OF CONDUCT, and agree to abide by the policies, procedures, guidelines, and code of conduct as stated therein.

Printed Full Name of Rider

Signature

Date

Name of Additional Passenger (if any, must be over the age of 18 years old):

Print Name

Signature

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____

JOHNSON COUNTY
KANSAS
Aging & Human Services

Sharing Information with Johnson County Departments
**needs to be signed to receive CaR services*

I hereby authorize Catch-a-Ride and My Resource Connection (MyRC) to share my name and date of birth between various Johnson County agencies/departments to provide caseworkers and others access to such information to better coordinate and improve the delivery of services to me through the sharing of such information. I understand these agencies/departments will only use and disclose such information in accordance with federal and state confidentiality laws.

I understand the type of information to be released and/or to be received. I understand the purpose for such information to be released and/or received. I further understand that I may revoke this consent at any time except for information that has previously been released prior to the date of the requested revocation.

(Rider Signature)

(Date)


JOHNSON COUNTY
KANSAS
Aging & Human Services

Catch-a-Ride

Release and Waiver of Liability

****NEEDS TO BE SIGNED TO RECEIVE CAR SERVICES***

PLEASE READ COMPLETELY!

THIS RELEASE AND WAIVER OF LIABILITY is executed on this _____ day of _____, 20____, by _____, the undersigned, for myself, my successors and assigns, heirs, legal representatives, executors, and next of kin (collectively referred to herein as “Rider”), in favor of the Board of County Commissioners of Johnson County, Kansas, and its officers, Commissions, Agencies, employees and volunteers.

IN CONSIDERATION of being permitted to participate in Catch-A-Ride (“CaR”), I, the undersigned, for myself, my successors and assigns, heirs, legal representatives, executors, and next of kin, acknowledge and agree to the following:

Release and Waiver: I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me as a result of participation in CaR. This Release and Waiver of Liability (“Release”) is intended to discharge in advance the Board of County Commissioners of Johnson County, Kansas, and its officers, Commissions, Agencies, employees and volunteers from any and all liability arising out of or connected in any way with my participation in CaR. It is understood that my participation in CaR involves an element of risk of accidents and knowing those risks I hereby assume those risks. It is further agreed that this Release and assumption of risk is to be binding on my heirs and assigns. Further, I agree to indemnify and to hold harmless the Board of County Commissioners of Johnson County, Kansas, and its respective officers, Commissions, Agencies, employees and volunteers free and harmless from any loss, liability, damage, cost or expense which they may incur as the result of any injury or property damage that I may sustain while participating in CaR.

Medical Treatment: This Release extends to any claim whatsoever which arises or may hereafter arise as a result of any first aid, treatment, or service rendered to me in connection with my participation in the CaR.

Assumption of Risk: I understand that my participation in CaR may include activities which may be hazardous to me or my property. Further, I acknowledge that there are inherent risks in participating in CaR, including, but not limited to, physical injury, property damage and death. I hereby expressly assume the risk of such injury or harm arising out of, related to, or resulting from my participation in CaR.

Other: I expressly agree that this Release is permitted and governed exclusively by the laws of the State of Kansas, irrespective of choice of law principles. In the event any


JOHNSON COUNTY
KANSAS
Aging & Human Services

clause or provision of this Release is deemed invalid, the invalidity of such clause or provision shall not affect the remaining provisions of this Release which shall continue to be enforceable.

I, THE UNDERSIGNED, HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS.

Rider:

Rider's Guardian (if any):

Print Name

Print Name

Signature

Signature

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (C) _____

Name of Additional Passengers (if any, must be over the age of 18 years old):

Print Name

Signature

Address: _____

City: _____ State: _____

Zip: _____ Phone: (H) _____

Please sign, date, add postage, and return application and all required forms in the enclosed envelope!