## **Transportation Application**



## Participant Information

Last Name First Name		ame	Middle Initial	
Address City		,	State	Zip
Cell Phone Number <u>Emergency Contact Infor</u>			Home Phone Number mation	
First Name Last Name		Name	Relationship	
Home Phone Number Cell Phone Number		e Number	Work Phone Number	
Do you require the u Check all that apply Do you use a service what service(s) the a	n revoked of driving? ise of a mobility device whe :Manual Wheelcha Crutches Portable Oxygen	ir or Scooter up to 48 es No if y rm:	_	No No isually impaired) nan 800 lbs. when type of animal and
	Please check the days Services will be ava			
Monday	Tuesday	Wednesday	Thursday	Friday
Explanation of Transp	oortation Needs:			
Signature of Participant For Office Use Only:			Date	
Manager's Signat	ture Date	Supervisor's Signature Date		Date
	Approved	Denied		

## **Passenger Rules**

- 1. All passengers must wear their seat belt and remain seated at all times.
- 2. No smoking, eating, or drinking on the bus.
- 3. Do not lean or extend the body or articles from the vehicle.
- 4. Do not disturb the driver while the vehicle is in motion.
- 5. Passenger must treat each other with respect.
- 6. No loud talking or use of profanity.
- 7. Passenger must keep the aisles clear at all times.
- 8. Passenger belongings must be kept in their laps or be able to be stowed under the seat.

**Signature of Participant** 

Date