



175 Port Road, Kennebunk, Maine 04043 | 207-967-8514 | seniorcenterkennebunk.org

### FISH (Friends in Service Helping) Medical Rides Program Rider Registration Form

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Do you have Full MaineCare? (please circle): **Yes** **No**

(PLEASE NOTE: If you do have Full MaineCare you need to call them at 877-659-1302 to register and schedule your free rides.)

Do you live alone? **Yes** If no, I live with: \_\_\_\_\_

Special needs (walker, vision, hearing): \_\_\_\_\_

Can you enter/exit a vehicle unassisted? Car (low step) **Yes** **No**  
Truck (higher step) **Yes** **No**

**Note: We cannot provide wheelchair transportation.**

#### Emergency Contact Information:

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_

Please sign below to indicate your understanding of the following:

I understand that this FISH program is comprised of Volunteer drivers who provide their time and mileage to help our community. I have read and agree to the following:

- **I must give at least five (5) business days' notice for all ride requests.**
- **I understand that FISH rides are available during weekday hours (no weekends or holidays).**
- **I will not make requests of drivers beyond the initial purpose of the ride.**
- **If my plans are cancelled or rescheduled, I will contact the Center immediately.**
- **I have read and understand the enclosed Driver and Rider Procedure Sheet.**
- **I understand that I will schedule and manage my own appointments and that the Center/FISH cannot schedule rides with any third-parties.**

I waive all claims of any type (including, but not limited to, personal injury) against FISH volunteers for their actions or inaction associated with the Center and the FISH Medical Rides Program. In addition to waiving all claims of liability against the above-named entities, I indemnify them from any claims of liability from me or on my behalf.

Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please send this completed Registration Form to:  
The Center, 175 Port Rd., Kennebunk, ME 04043  
Questions: (207)-967-8514**