



## Welcome to Our Volunteer Driver Transportation Program

Thank you so much for your interest in our Volunteer Driver Transportation Program; we're glad you're here. This service supports adults 60 and better who are no longer driving, and is designed to be an **addition to your other transportation options**. Our program prioritizes medical appointments, but we do our best to assist with trips for shopping and essential services. Because all rides are provided by volunteer drivers, we can't guarantee availability.

### A few important things to keep in mind:

- Rides are based on volunteer availability
- We can offer up to **4 rides within a 30-day period**
- Unfortunately, we are not able to accommodate wheelchairs

**To get started, all riders must complete an application, and sign a waiver and Code of Conduct.**

### These are available:

- At our front desk (167 N. High Street, Sebastopol), or by mail upon request
- By email (as a fillable PDF)
- On our website: [sebastopolseniorcenter.org](http://sebastopolseniorcenter.org)

### Scheduling Your Ride

Requests must be made **at least one week (7 days) in advance** of your appointment.

- Rides are available **Monday through Friday, between 8:30 AM and 4:00 PM**
- We are not able to offer rides on weekends
- Once a driver has been matched, they will contact you **about 2 days before your ride** to confirm the exact pickup time
- If you haven't heard from a driver 2 days prior, please reach out to us

To schedule a ride, contact Alex Villeda, Transportation & Resource Coordinator:

- **Email:** [alex@sebastopolseniorcenter.org](mailto:alex@sebastopolseniorcenter.org)
- **Text:** (925) 290-6100 (*after your account is set up*)
- **Phone:** (707) 827-8429; or *Senior Center main line: 707-829-2440*

### A Few Helpful Guidelines

- Please keep an eye on your **phone, email, or text messages** for updates
- If your plans change or you no longer need a ride, call **(707) 827-8429** as soon as possible
- For coordination and safety, **all rides must be scheduled through the Transportation Coordinator**—please do not contact drivers directly.
- Our drivers are generous volunteers who donate their time, gas, and energy; we truly appreciate your kindness and respect toward them

After your ride, you'll receive a short evaluation form. We always welcome your feedback; it helps us continue improving the program for everyone.

If you have any questions at all, please don't hesitate to reach out. We're here to help and happy to support you however we can.



**Sebastopol Area Senior Center Transportation Services  
Application & Waiver**

Thank you for applying for a ride through our Volunteer Transportation program! Our program offers rides primarily for medical appointments for people aged 60 and older who live in West County. Please complete this form so we can learn about your needs. If you need help completing this, we are happy to help! Call us at 707-829-2440.

First Name:	Language(s) spoken:
Last Name:	Race:
Preferred Name:	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
Preferred Pronouns:	Communication Preference: <input type="checkbox"/> Email <input type="checkbox"/> Text Cell <input type="checkbox"/> Phone Call
Email:	Gender:
Home Phone:	Do you use a cane or walker: <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> None
Cell Phone:	Are you visually or hearing impaired? <input type="checkbox"/> Visually impaired <input type="checkbox"/> Hearing impaired
Date of Birth:	Sexual Orientation: <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay/Lesbian <input type="checkbox"/> Heterosexual <input type="checkbox"/> Other
Physical Address:	Do you have Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address (if different):	Emergency Contact Name:
City, ST & Zip:	Emergency Contact Info: Phone: Email:
Do you live in a rural area? <input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Contact Relation:
Are you at or below the poverty level? <input type="checkbox"/> Yes <input type="checkbox"/> No (\$15,060 for 1-person)	*Veteran Status: Have you ever served in the US military? <input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status:	*Are you the spouse, legal partner, parent, or child of a person who is serving in or who has served in the US Military? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you live alone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a caregiver? <input type="checkbox"/> Yes <input type="checkbox"/> No



*\*If you answered yes for Veteran Status or related person/Veteran Status, the State of California wants you to know that you might be eligible for veterans benefits. Do you give us permission to ask the California Dept. of Aging to provide your name, email address, mailing address and mobile telephone number to the Department of Veterans Affairs only for the purpose of receiving additional information on veterans benefits for which you may be eligible? This consent is only valid for 12 months. **Yes, I consent** \_\_\_\_ **No, I do not consent**\_\_ For more information, you can contact the California Department of Veterans Affairs (CalVet) at [www.calvet.ca.gov](http://www.calvet.ca.gov) or 1-800-952-5626.*

**Release and Waiver of Liability and Indemnity Agreement**

In consideration of my voluntary participation in the Transportation Program of the Sebastopol Area Senior Center, I agree to the following:

-I hereby release, waive, indemnify, and hold harmless Sebastopol Area Senior Center and the City of Sebastopol, its directors, officers, employees, and volunteers from any loss, liability, and damage due to my voluntary participation in the Transportation Program. I hereby assume full responsibility for the risk of bodily injury, death, or property damage.

-I further agree that the foregoing Release and Waiver of Liability and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the law of the State of California, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

-I have read and voluntarily signed the Release and Waiver of Liability and Indemnity Agreement, and further agree that no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made.

I have read the Rider Letter and acknowledge I understand the following **(please initial below)**:

- \_\_\_ All rides are dependent on volunteer availability; we cannot guarantee a ride simply because one is requested.
- \_\_\_ There is a 4-ride maximum within any 30-day period.
- \_\_\_ Rides must be requested 7 days in advance.
- \_\_\_ Drivers are available Monday through Friday for appointments between 8:30am and 4pm.
- \_\_\_ All requests must go through the coordinator – do not contact drivers directly.
- \_\_\_ Repeated cancellations after a driver has been assigned may result in program ineligibility.
- \_\_\_ Contacting a driver directly may result in being terminated from the program.

Printed Name of Participant: \_\_\_\_\_

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

**Please return to: Alex Villeda, Transportation & Resource Coordinator**

**Email: [alex@sebastopolseniorcenter.org](mailto:alex@sebastopolseniorcenter.org)**

By mail or in person: 167 North High Street, Sebastopol, CA 95472



## THE LEGACY

### **Dear Member/Participant of the Sebastopol Area Senior Center:**

Welcome! We're glad you're here. The following policies are in place to help ensure a safe, respectful, and enjoyable environment for everyone at SASC. Please take a moment to review this Code of Conduct, Liability Release, and Emergency Protocol, as participation in SASC programs indicates your understanding and agreement.

### **Code of Conduct**

As a participant at the Sebastopol Area Senior Center (SASC), I agree to the following:

- I will wear a shirt and shoes at all times while at SASC.
- I will not wear soiled clothing or have an unpleasant body odor, including heavy perfume, or odors related to alcohol, marijuana, or cigarette smoke.
- I will not deface, damage, or destroy any SASC property.
- I will not leave or store personal belongings at SASC. I understand that SASC is not responsible for lost or stolen property and reserves the right to dispose of abandoned items.
- I will not verbally attack, behave disrespectfully toward, or use loud, disruptive, obscene, hateful, or abusive language toward another individual.
- I will not use racial or religious slurs or engage in sexual harassment.
- I will not act in a disruptive, menacing, or physically threatening manner.
- I will not appear at SASC under the influence of alcohol or recreational drugs.
- I will not smoke, vape, or chew tobacco products while participating in any SASC program or event, whether on-site or off-site.
- I will not remove SASC property without permission.
- I will not use SASC facilities for conducting commercial business without a contract or memorandum of understanding with SASC.
- I will not knowingly allow a non-registered person to actively participate in an activity.



## **Violations and Disciplinary Process**

I understand that violations of this Code of Conduct may result in suspension and/or expulsion from a class, program, or from SASC entirely, without refund. If I fail to comply with staff direction, SASC may contact law enforcement for assistance.

## **Liability Release**

In consideration of my participation in SASC activities, I agree to indemnify, defend, and hold harmless the Sebastopol Area Senior Center (SASC) and the City of Sebastopol, including their officers, employees, volunteers, instructors, and agents, from any and all claims, liabilities, damages, or causes of action arising out of or related to my participation in any SASC activity, including off-site programs and day trips. I understand and accept that SASC does not provide medical insurance coverage.

## **Medical Acknowledgment and Release**

### **Duty to Self-Monitor**

I agree to self-monitor for signs and symptoms of communicable or infectious illness and will not attend SASC in person if I am experiencing symptoms of illness, including but not limited to flu, COVID-19, or other contagious conditions.

### **Assumption of Risk**

I acknowledge and understand that:

1. Participation in SASC activities includes possible exposure to and illness from infectious diseases, including but not limited to COVID-19. While preventative measures may reduce risk, serious illness or death may still occur.
2. I knowingly and voluntarily assume all risks related to illness or infectious disease, even if arising from the negligence of the Released Parties.



## THE LEGACY

3. I knowingly assume the risk of injury, harm, or loss associated with participation, including those caused by the negligence or conduct of the Released Parties.
4. Participation may involve health risks including, but not limited to, dizziness, lightheadedness, fainting, nausea, muscle cramps, musculoskeletal injury, sprains, strains, heart attack, stroke, or communicable illness. I agree to immediately discontinue participation and seek medical attention if I experience symptoms.
5. I release the Released Parties from any claims arising from first aid, treatment, or services rendered in connection with my participation.

### **Emergency Protocol & Medical Responsibility Acknowledgment**

I understand and acknowledge that SASC has the following emergency protocol:

- SASC staff, volunteers, and instructors are required to call 911 in the event of a medical emergency, including but not limited to fainting, falls, severe bleeding, severe pain, shortness of breath, choking, chest pain, sudden weakness, confusion, difficulty speaking, or any condition that appears to require immediate medical attention.
- SASC staff, volunteers, and instructors do not make medical judgments or diagnoses. Medical decisions are made by emergency responders or licensed medical professionals.
- Once 911 is called, first responders will assess the situation and determine appropriate care, including whether transport to a medical facility is recommended.

I further understand and agree that:

- I am solely responsible for all medical expenses incurred as a result of an emergency, including but not limited to ambulance services (including non-transport or treat-and-release fees), hospital charges, medical treatment, and follow-up care.
- SASC does not assume responsibility for payment of any medical or emergency service costs arising from an incident occurring on SASC premises or during SASC programs, activities, or events.



## THE LEGACY

- I agree to hold harmless and release SASC, its staff, volunteers, instructors, and agents from any liability related to emergency response actions taken in good faith.

### **Disposition of Outstanding Funds**

In the event of my death, I authorize any remaining funds in my SASC account to be donated to SASC.

### **Pet Policy**

Only trained service animals are permitted inside SASC facilities. If I bring a service animal, I understand that SASC may ask whether the animal is a service animal and what service the animal is trained to perform.

### **Photo and Video Release**

I grant permission for SASC and its agents to photograph or video me during SASC programs or events and to use such images or recordings in SASC publications, website, social media, email communications, and other marketing or promotional materials.

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### **Acknowledgment**

I have read, understand, and agree to comply with SASC's Code of Conduct, Liability Release, Medical Acknowledgment, Emergency Protocol, Pet Policy, and Photo/Video Release policies.

Participant Name (print clearly): \_\_\_\_\_

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