



MyRide McMinn • 205 McMinn Avenue • Athens, TN 37303 • (423) 745-6830

Thank you for your interest in becoming a MyRide McMinn rider!

MyRide McMinn is a volunteer senior transportation program for older adults 60 years of age and older. We provide door-through-door transportation for essential trips. This program enables older adults who are mobile or with assistance from a walker or cane to maintain their independence. As a rider you will be able to schedule trips, at least 3 business days in advance, and have a volunteer driver pick you up and assist you on those trips. Our drivers do not provide rides to dialysis appointments or to doctor's appointments where procedures are performed that require anesthesia. The key feature of MyRide is the use of door-through-door assistance. A volunteer driver will offer as much assistance as you need while out and about at your appointment.

There is a yearly membership fee of \$25. This fee will need to be included with your application. The membership fee goes back into the program for background checks and insurance for volunteers. Rides are \$2 round trip which includes up to two (2) stops. The entire trip (from your house to your appointment, and back) must take less than three (3) hours and cannot go outside of McMinn County. Rides are pre-paid, and drivers will not be able to take any money.

If you are interested in participating, please fill out and **sign the enclosed application as well as the attached forms**. You can return the application, forms, and payment to MyRide McMinn c/o Transportation Coordinator; 205 McMinn Ave; Athens, TN 37303. If you have questions, please feel free to call me at 423-745-6830.

MyRide TN McMinn is more than rides, it is about enhancing our community by harnessing the power of volunteers to honor and support older adults.

Sincerely,

Diane Hutsell
Transportation Coordinator
MyRide McMinn
(423) 745-6830

MyRide McMinn Membership Application



Office Use Only

Application Received:	Membership Paid:	Date:
No. of rides purchased: @ \$ /ride	Amount:	Check No:
Data entered by:		Date:
Approved by:		Date:

Rider Contact Information

Full Name:		Date of Birth:	
Address:		Address 2:	
City:	State:	Zip:	
County:	Neighborhood:		
Marital Status:	Ethnicity:		
Email:	Gender:		
Home:	Work:	Cell:	
Veteran: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Living Alone: Yes <input type="checkbox"/> No <input type="checkbox"/>		Handicap Vehicle Placecard: Yes <input type="checkbox"/> No <input type="checkbox"/>	
I Use: Glasses <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Oxygen <input type="checkbox"/> None of the above <input type="checkbox"/>			

Level of Assistance You Will Require

I Will Need Assistance: Getting To/From the Vehicle <input type="checkbox"/>		Getting Into the Vehicle <input type="checkbox"/>	
I Can Ride in Taller Vehicles: Yes <input type="checkbox"/> No <input type="checkbox"/>			

Scholarship Program

MyRide McMinn receives grants and donations to help cover the fees associated with this program. Scholarships are dependant on meeting eligibilty criteria and availability of funding.

I want to be considered for the MyRide Scholarship Program: Yes No

Monthly Income: \$

Emergency Contact Information

Name:		Relationship:	
Address:			
Cell:		Email:	
Name:		Relationship:	
Address:			
Cell:		Email:	

Return this application & 2 attached forms with your check payment for \$25 plus any additional ride prepayment to MyRide McMinn, 205 McMinn Ave, Athens, TN 37303. Please remember all rides are prepaid and drivers will not take any money. Questions? Call 423-745-6830. We look forward to serving you! Please make checks payable to McMinn Senior Activity Center/MyRide.

MyRide McMinn Screening Questionnaire



Date:	Person Screening:
Client's Name:	Birth Date:
Client's Phone #:	
Client's Address:	
Client's County:	

How did the client/caller hear about the program?

Caller's Name:

Caller's Phone #:	Caller's Relationship to Client:
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Indicate which of the following conditions/diagnosis the client currently has/being treated for:

Alzheimer Disease/Dementia	Intellectual Development Disability
Takes Medication for Anxiety	Manic Depression (bipolar)
Bleeding Disorder	Multiple Sclerosis
Breathing Disorder (O2 dependent)	Parkinson's Disease
Cancer	Schizophrenia
Contagious Disease	Stroke
Takes Medication for Depression	Vision Impairment
Diabetes	Hearing Impairment
Epliepsy or Seizure Disorder	Smoking
Heart Disease/Problems	Any other, not mentioned above, that the driver would need to know about?
Hypertension	
Incontience	

Medicare: <input type="checkbox"/>	Medicaid/TennCare: <input type="checkbox"/>
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Has the client fallen in the past three months? If yes, injury?

Does the client have any mobility issues (musculoskeletal)? If so, has the client been able to move around the house without help in the last 7 days?

Cane Walker

Can the client express basic needs/wants and follow simple instructions? Yes No

Is the client oriented to person, place, time? Yes No

How many days per week does the client have problems understanding others?

Is the client able to manage money without any help? Yes No

Does the client have pets/animals? Yes No Dangerous? Service Animal?

Has the client exhibited behavior problems? Yes No

Notes:

MyRide Volunteer Transportation Form 1

Informed Consent, Authorization for Emergency Treatment and Transportation Agreement

I, the undersigned, in consideration of my voluntary membership as a Rider in the MyRide McMinn (hereafter referred to as “MyRide”), do hereby assume full responsibility for all risk of injury or loss which may result from my participation in MyRide. I acknowledge that I have received, read, and understand all the information provided by MyRide.

I agree to hold harmless, release and forever discharge the McMinn Senior Activity Center (MSAC), its officers, agents, employees, volunteers, and funders from any and all claims and demands whatsoever which I or any third party may have against them by reason of any accident, illness, injury, or death, or damage to, loss of, or destruction of property arising or resulting directly or indirectly from my participation in MyRide.

I understand, agree and acknowledge that travel by automobile is an inherently dangerous activity that may result in personal injury or possibly death and I understand and appreciate the nature of such hazards and risks. Additionally, to the best of my knowledge unless previously disclosed in writing to MyRide, I have no medical, physical, mental, or emotional health conditions that would hinder my participation in MyRide. In case of an emergency, I authorize the staff of MyRide to obtain whatever medical treatment deemed necessary for my welfare. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether my medical insurance would cover such charges and fees.

I agree that this Consent and Release shall be construed in accordance with the laws of Tennessee and that the venue for any legal proceeding arising out of this agreement shall be in Tennessee. If any term or provision of this Consent and Release shall be held illegal, unenforceable, or in conflict with any law governing this agreement, the validity of the remaining portions shall not be affected thereby.

I understand that MyRide is under no obligation to provide services to me and that my membership may be terminated at any time with or without cause. I also understand that MyRide has a grievance policy in place to properly address any concerns and/or unresolved complaints that I may have related to my experiences.

I have carefully read this agreement and understand it to be a release of all claims and causes of action for my injury or death or damage to my property that occurs while I participate in MyRide. This release covers all activities and travel offered through MyRide. I expressly assume all risk related to such activities and travel.

Member Signature _____ Date _____

MyRide Rider Code of Conduct

Form 2

On behalf of the McMinn Senior Activity Center (MSAC) MyRide McMinn, we welcome you as a rider! We thank you for using our service! We believe that you are special and deserve the best opportunities to enhance your quality of life. MyRide relies on the generosity of volunteer drivers to provide rides for you. It is important that you understand and follow the Code of Conduct and respect the volunteers by honoring it every time you receive a MyRide ride.

- I will be ready for MyRide at the scheduled time.
- I will always wear my seat belt (unless a medical condition prohibits it).
- I will not make derogatory or discriminatory remarks.
- I will not use alcoholic beverages or mood altering drugs prior to or during my ride.
- I will not smoke or eat in the driver's automobile.
- I will treat the driver with dignity, courtesy, and respect.
- I will immediately contact the driver and MyRide as soon as I know that I am not able to keep my requested ride. No shows and last-minute cancellations may result in penalties.
- A MyRide survey will be provided to me to address both positive and negative comments of the MyRide program. I will promptly complete it and mail it back to MyRide.
- I understand that MyRide provides service through the door, both at my house and at the destination, if I need it.
- I understand that the driver will only take me to the destination that is originally scheduled on the specific day of travel and to no other destination **without prior approval.**
- I understand the volunteer driver is not required to carry, lift, or provide special assistance that could cause harm.
- I know that I will be responsible to prepay for my rides and also pay for any parking or toll fees.
- I know that MyRide drivers cannot accept any money, gifts or tips.
- Donations are accepted, needed and tax deductible. I will mail any donation that I wish to make directly to MyRide McMinn, 205 McMinn Ave, Athens, TN 37303. Gift certificates are also available.

I have an obligation to uphold this code of conduct or I could face temporary or permanent removal from the MyRide program. No refunds can be expected.

Print Name _____ Signature _____ Date _____