



Shepherd's Center Rider Application

Date _____

Name _____ Birthday _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____

Email _____

Race and Ethnic Background: American Indian/Eskimo/Aleut ___ Asian/Pacific Islander _____

Black _____ White _____ Multi-Racial (Indicate) _____

Are you Hispanic? Yes _____ No _____

Gender _____

Number in Household _____ Income _____

Emergency Contact _____ Relationship _____

Emergency Contact Phone _____

Assistive Devices _____

Walkers and canes can be accommodated. Our drivers are volunteers using their personal vehicles. We are not able to transport individuals who use wheelchairs.

Special Concerns (i.e., visual, hearing, cognitive concerns, etc.) _____
