



## PASSENGER INFORMATION **VACCINATION RIDE**

### **Who is eligible to use Neighbor Ride?**

Passengers must be 60 years of age, be a resident of Howard County, and must be able to get in and out of a vehicle independently. Proof of residency and age may be requested.

### **How does this service work for vaccinations?**

Passengers are transported door to door by volunteer drivers in their personal vehicles. Passengers must be physically and cognitively able to conduct their own personal business once they are at their destination.

### **Can a spouse, friend or assistant accompany me?**

Yes.

*A Passenger Waiver form for each additional passenger must be on file in the office before the ride can be scheduled. NR cannot transport anyone under 8 yrs. of age.*

### **When are rides available?**

NR provides rides daily, depending on the availability of volunteer drivers. Please note the office is closed on all major holidays and **the ride request schedule is adjusted accordingly.**

### **When can I schedule my vaccine ride?**

Passengers can schedule their ride once they submit their paperwork and receive a phone call informing them their submitted paperwork has been completed.

### **How do I schedule a ride?**

Passengers must contact Neighbor Ride by phone during office hours at 410-884-7433 **as soon as you receive your vaccination appointment.** Office hours are Monday through Friday, 9:00 am to 2:00 pm, and Saturday 10:00 am to 1:00 pm. Messages left on the answering machine after 2:00 p.m. and on Sundays are returned the next business day. Passengers must provide the pick-up time, appointment time, number of passengers, destination address, zip code, telephone #, and estimated return trip time.

**What information is needed before using NR?** Passengers must complete **Passenger Registration, Waiver, and Agreement Forms.**

### **May I donate to NR to help ensure services will always be available?**

The best way to show your appreciation is make a tax deductible donation via check or our website (neighborride.org). It is against NR policy for our volunteers to accept tips.

### **What happens if no driver is found?**

While every effort is made to find a volunteer driver, there is no guarantee that each ride will be filled. Passengers will be contacted at 2 pm the day before the ride if no driver is found.

### **What if I need to cancel a scheduled trip?**

Please cancel as early as possible so the driver can be notified. Please note: Repeated cancellations or no shows inconvenience our drivers, and impact our ability to serve our passengers.

### **COVID 19 Safety Requirements:**

- Drivers and passengers are required to wear masks.
- Passengers must sit in the back seat and windows will be cracked, weather permitting.
- Both passengers and drivers will be asked to cancel rides if they have tested positive for COVID or been in contact with someone who has tested positive for COVID.
- Smoking, eating & drinking during a ride are prohibited.

**How are the volunteer drivers chosen?**

Each driver has attended orientation, passed a criminal background check, a driving record check and a personal reference check.

**When should I use the emergency line?**

When the NR office is **closed** leave a message on the emergency line **only** for the following circumstances:

- If you need to cancel a ride scheduled to take place within the next 12 hours or over the weekend.
- If you were not contacted by your driver the night before your scheduled ride.

**How will I be able to identify my NR drivers?** Look for the NR sign on the passenger side door of the vehicle and the volunteer's name badge.

Neighbor Ride is committed to ensuring that no person is excluded from participation in, or denied the benefits of its transportation services on the basis of race, color or national origin, as protected by Title VI of the 1964 Civil Rights Act. 9/4/202



## Passenger Agreement and Checklist

Please initial on each line below.

I understand that I am only enrolled with Neighbor Ride for vaccinations. \_\_\_\_\_

I understand I must be at least 60 years of age and a resident of Howard County to be a Neighbor Ride passenger.  
\_\_\_\_\_

I understand I must be physically able to independently get in and out of a car and not use a wheelchair. (walkers, rollator, and canes are fine). \_\_\_\_\_

I know I must be physically and cognitively able to conduct my personal business once I am at my destination unless I'm accompanied by family, friend or aide. If anyone travels with me, I understand he/she must have a signed waiver on file in the office. \_\_\_\_\_

I must request a ride as soon as I receive my vaccination appointment before the ride date and provide the name, address, phone number and times when requesting a ride. \_\_\_\_\_

I understand that while every effort is made to find a driver, there is no guarantee. If no driver is found, I will receive a call the day before the requested ride. \_\_\_\_\_

I understand I will receive a call by my assigned driver by 8pm the evening before the ride. If I do not receive this call I will call the Neighbor Ride office and notify them, leaving a message on the emergency line. \_\_\_\_\_

I understand that that there are additional registration steps and fees if I want to use Neighbor Ride for rides other than getting a flu shot. \_\_\_\_\_

I understand that I must sit in the backseat and wear a mask and open the window slightly, weather permitting.  
\_\_\_\_\_

I have read and agree to abide by the policies set forth for Neighbor Ride passengers. If I fail to follow any of these policies, services may be terminated.

Signed: \_\_\_\_\_

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



**PASSENGER REGISTRATION FORM**

Dr. Mr. Mrs. Ms. NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
Number, street name & apartment/suite number

\_\_\_\_\_ City / Town Zip Code

DEVELOPMENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

Preferred PHONE: \_\_\_\_\_ Alternate PHONE: \_\_\_\_\_  
(Circle: Home or Cell) (Circle: Home or Cell)

EMERGENCY CONTACT\*: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Relationship: \_\_\_\_\_

EMERGENCY CONTACT  
PHONE NUMBER: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**Note: This number must be different than the home or cell phone listed for the passenger.**

*\* Emergency Contacts may be included in periodic mailings from Neighbor Ride.*

WILL ANYONE BE TRAVELING WITH YOU? yes no If yes, name \_\_\_\_\_

**Each passenger must have a Passenger Waiver Form signed and on file in our Office before a ride can be scheduled. Extra Waiver on reverse of Passenger Waiver.**

DO YOU HAVE ANY NEEDS A DRIVER SHOULD KNOW? (Ex: limited vision, walker use; need assistance walking; \_\_\_\_\_

CAN YOU STEP UP INTO TALLER VEHICLES? YES NO \_\_\_\_\_

Do you speak/understand English: YES NO If no, language: \_\_\_\_\_

Name of English speaking contact: \_\_\_\_\_

Are you a veteran? YES NO

**Demographics:** This information is helpful when Neighbor Ride is applying for grants.

#1 Are you Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race) \_\_\_\_\_ Yes \_\_\_\_\_ No.

#2 Racial Category \_\_\_\_\_ American Indian or Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_ Black or African American \_\_\_\_\_ White or Caucasian \_\_\_\_\_ Native Hawaiian or Other Pacific Islander



**This form is for an additional passenger that may travel with you.**

NR passenger you are riding with \_\_\_\_\_



### **Additional Passenger Acknowledgement and Waiver**

I, \_\_\_\_\_, hereby understand, agree and expressly assume all of the dangers and attendant risks of transportation associated with my use of Neighbor Ride (the "Transport"). I waive all claims (including for myself, my successors and representatives) arising out of or related to the Transport (directly or indirectly) whether caused by Neighbor Ride's negligence, breach of contract or otherwise (the "Waived Claims") regardless of whether such Waived Claims relate to my bodily injury, property damage, loss or otherwise. I furthermore release and agree to hold harmless Neighbor Ride its successors and assigns, and its officers, directors, agents, volunteers, employees, and their executors, administrators and heirs from any liability, loss, cost or expense associated with the Waived Claims.

In the case of a medical emergency, I understand that the driver is instructed to call 911 and follow the direction that 911 provides. A copy of the emergency procedures and protocols are available upon request from the office of Neighbor Ride.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ (must be different than the person you are riding with).

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