



21907 SW Sherwood Blvd. • Sherwood, OR 97140 • 503-625-5644

Sherwood Senior Shuttle

Application

If you need assistance completing this application, would like the application in an alternative format, or have additional questions about the Sherwood Senior Shuttle, please call us at 503-625-5644. For persons with hearing or speech disabilities, call the Oregon Telecommunications Relay Service at 1-800-735-2900 TTY-Oregon Relay for additional assistance.

The Sherwood Senior Shuttle is a service of the Marjorie Stewart Senior Community Center that provides limited curb-to-curb transportation for adults 62 years and older who reside within the city limits of Sherwood. Please fully fill out and sign this application as well as read through the FAQs and Rider Policies & Procedures.

Personal Information

First Name: _____ Last Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Cross Street: _____ Name of Building: _____

Phone Number: _____ Email: _____

How did you hear about this service? _____

Name of person responsible for applicant's mail/bills: _____

Phone Number: _____ Email: _____



21907 SW Sherwood Blvd. • Sherwood, OR 97140 • 503-625-5644

Emergency Contact Information

Please list two contact people to be notified in case of an emergency.

1. Name: _____ Phone Number: _____

Relationship: _____ Email: _____

2. Name: _____ Phone Number: _____

Relationship: _____ Email: _____

Mobility Equipment Aids or Assistance

This information will assist the Sherwood Senior Shuttle dispatch in providing quality service.

1. Will you use any of these aids when using the Sherwood Senior Shuttle?

☐ Walking Cane or White Cane

☐ Walker

☐ Portable Oxygen

☐ Service Animal

☐ Other: _____

☐ None of the above

2. Will you use a wheelchair or motorized scooter when using the Sherwood Senior Shuttle?

☐ Yes

☐ No

○ If you use a a wheelchair or motorized scooter, which device will you use?

☐ Manual Wheelchair

☐ Motorized Wheelchair

☐ Motorized Scooter



21907 SW Sherwood Blvd. • Sherwood, OR 97140 • 503-625-5644

- Is the combined weight of you and your wheelchair or scooter more than 600lbs?
 - ☐ Yes
 - ☐ No
 - Does your wheelchair or scooter exceed 48 inches in length or 30 inches in width?
 - ☐ Yes
 - ☐ No
- 3. Do you anticipate using the lift to board and depart the Sherwood Senior Shuttle?
 - ☐ Yes
 - ☐ No
 - ☐ Unsure
- 4. Sherwood Senior Shuttle drivers are not able to perform the duties of a Personal Care Attendant (a person who provides assistance during a ride or at a destination). Will you be accompanied by a Personal Care Assistant when using the Sherwood Senior Shuttle?
 - ☐ Always
 - ☐ Sometimes
 - ☐ Never



Liability

In applying for the Sherwood Senior Shuttle, participant understands that he/she/they is/are utilizing a service of the Marjorie Stewart Senior Community Center and does so at his/her/their own risk. The Marjorie Stewart Senior Community Center, the City of Sherwood, its employees, volunteers, or agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant with his/her/their family in or about any programs on the Marjorie Stewart Senior Community Center premises or utilizing the Sherwood Senior Shuttle, as property of the Marjorie Stewart Senior Community Center.

Participants, Personal Care Attendants, and Companions assume full responsibility for all injuries and damages which occur in or about any programs on the premises or property. He/She/They does/do hereby fully and forever release, discharge, and hold harmless The Marjorie Stewart Senior Community Center, the City of Sherwood, its employees, volunteers, or agents from any and all claims, demands, damages or rights of action, present or future resulting from any person's participation in any programs or use of the facility. In addition, he/she/they agree(s) to follow the ridership policies set by the Marjorie Stewart Senior Community Center. Failure to do so may result in suspension from participation.

Consent: I, the undersigned participant, do hereby grant authority to the staff at the Marjorie Stewart Senior Community Center and volunteer drivers of the Sherwood Senior Shuttle to render a judgment concerning medical assistance or hospital care in the event of an accident or illness if I am unable to do so.

I do hereby authorize the Marjorie Stewart Senior Community Center, the City of Sherwood, its employees, volunteers, or agents and its assigns to utilize any and all photographs, pictures or other likeness of me or anyone assigned guardianship to me, as they deem appropriate in its promotional materials.



21907 SW Sherwood Blvd. • Sherwood, OR 97140 • 503-625-5644

I have read and understand the requirements and I accept all the premises as above stated and signify by signing below. By signing below, I also certify that the provided information is correct and that I have read the *Sherwood Senior Shuttle Rider Policies & Procedures*.

SIGNATURE _____ DATE _____

If completed by someone other than the applicant:

SIGNATURE _____ DATE _____

Relationship to applicant: _____

Date of Power of Attorney designation: _____