

CITY OF EL CERRITO PARATRANSIT SENIOR & DISABLED TRANSPORTATION



7007 MOESER LANE || EL CERRITO, CA 94530
PHONE: (510) 559.7000 || Email: recreation@ci.el-cerrito.ca.us

Office use only: Resident Non- Resident Volunteer Staff Initial: _____
Entered Date: _____ First time Renewal

Applicant Information

Full Name: _____
Last First Middle Initial

Address: _____
Street Address Apartment/Unit #

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

Date of Birth: _____ **email:** _____

If applicant is 18 and older but under 65 years old, it is required to submit a doctor's note verifying medical disability. Please check the box stating you have included the documents with the application.

Check Box if Documents Are Attached

To determine if applicant is an El Cerrito resident a photo I.D. or a utility bill with current address is required. Please check the box stating you have included the documents with the application.

Check Box if Documents Are Attached

Emergency Contact Information:

Name: _____ **Relationship:** _____

Address & Phone Number: _____

Verification of Personal Care Attendant:

I certify that due to my disability. I require the service of a personal care attendant to assist me on a regular basis and travel with me on shuttle. I understand that fraudulently claiming to travel with an attendant to avoid paying a fare for a companion may result in suspension of service.

Brief explanation how attendant will assist you: _____

Attendant Name & Contact: _____

Personal Care Attendant's Signature: _____ Date: _____

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Personal Information

Please select any of the following mobility aids or specialized equipment:

- Cane: Walker: Manual Wheelchair: Electric Wheelchair:
Portable Oxygen Tank: Service Animal: Electric Scooter:
Other: _____

I understand and acknowledge that my mobility device is within the dimension capacity of 42 inches' long, 30 inches' wide and is weight limit of less than 600 pounds.

Signature: _____ Date: _____

Gender Identity:

- Female Male Gender Expansive Decline to state

Race:

- White Black or African American American Indian or Alaska Native
 Asian Native Hawaiian or Other Pacific Islander Decline to state

Ethnicity:

- Hispanic or Latino Not Hispanic or Latino

City of El Cerrito Waiver

I, the undersigned, to the extent permitted by law, waive, release, and discharge any and all claims for personal injury, death or property damage that is a direct result of or is in any way connected or associated with my participation in the City of El Cerrito Recreation Department's Easy Ride Paratransit Senior and Disabled Transportation Program. To the extent permitted by law, this agreement is intended to discharge the City of El Cerrito, including but not limited to its Recreation Department, and all of El Cerrito's officers, employees, agents or contractors from any and all liability arising out of or in any way connected with the transportation of myself including such liability which may arise out of the negligence or carelessness on the part of persons or entities mentioned above, except as provided herein.

Behavior Policy: I understand that I am expected to follow all rules established by the City of El Cerrito and must be able to follow instructions specific to the health and safety of myself and others. Any failure to comply may result in dismissal from the program.

Photo Release: I acknowledge that the City of El Cerrito takes photographs and videotapes of its activities and events for publicity purposes and authorize the use of my image by the City for such purposes. I understand I will not be compensated for use of photos or videos.

I HAVE READ AND UNDERSTAND THIS RELEASE.

Print Name

Signature

Date