



RIDER APPLICATION

DRIVE HAPPINESS
 500 11th Street South, Lethbridge, Alberta T1J 4G7
 Phone: 403.320.2222
 E-mail: volunteer@lethseniors.com

PERSONAL INFORMATION:

First Name: _____ Last Name: _____

Address: _____
 Apartment # Street City Postal Code

Complex Name/Buzzer: _____ Email Address: _____

Phone: Home _____ Phone: Cell _____

Spouse Name (if applicable): _____

(Please also complete a separate rider application for your spouse if you will both need rides)

Date of Birth: ____ / ____ / ____ Gender: _____ Primary Language: _____
 MM DD YR

English Proficiency: Fluent Functional Needs Interpreter

HOUSEHOLD INFORMATION:
 Living Situation: Please mark with an X

| | | |
|-------------------------|-------------------|-----------------------|
| Single Family Household | Apartment / Condo | Seniors Only Building |
|-------------------------|-------------------|-----------------------|

I Live Alone?: Yes No
 If no, who lives with you?: _____

TRANSPORTATION INFORMATION:

DATS Membership: Yes No
 Disability Placard: Yes No
 Still Driving?: Yes No Seasonally

How often do you:

| | | | |
|---------------------------|--|--|--|
| Walk to your destination? | | Use a volunteer car service? | |
| Drive your own vehicle? | | Use a private car service? (Uber, etc) | |
| Use Taxi? | | Use DATS? | |
| ETS Bus or LRT? | | Other? | |

How much do you spend on transportation each month?:

★ **INCOME: Annual Gross Income (Line 150 of Tax Return):** _____

EMERGENCY CONTACTS:

Name: _____ Phone: _____ Relationship: _____

Email Address: _____

Name: _____ Phone: _____ Relationship: _____

Email Address: _____

Please circle all the mobility aides that you use:

| | | | | | |
|------------------------------------|--------|------------|---------|-------------|----------------|
| Cane | Walker | Wheelchair | Scooter | Oxygen Tank | Service Animal |
| Attendant/ Person accompanying you | | | Other: | | |

Health Information / Barriers:

Please check all conditions that affect your mobility, health and safety:

| | | | | | |
|---|---------------------------------|---|---|---|---|
| Motor Functions <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Stroke | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Knee / Hip Replacement | <input type="checkbox"/> General Weakness | <input type="checkbox"/> ASL / Lou Gehrig's Disease |
| | <input type="checkbox"/> MS | <input type="checkbox"/> Spinal Cord Injury | <input type="checkbox"/> Brain Injury | <input type="checkbox"/> Broken Bones | Other: |

| | | | | |
|---|---|---|--|---|
| Cognitive Functions <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Alzheimers | <input type="checkbox"/> Parkinson's Disease | <input type="checkbox"/> Vascular Dementia | <input type="checkbox"/> Fronto-Temporal Dementia |
| | <input type="checkbox"/> Lewy Body Dementia | <input type="checkbox"/> Huntington's Disease | Other: | |

| | | | |
|--|-------------------------------------|----------------------------------|--------|
| Mental Health Issues <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Depression | <input type="checkbox"/> Anxiety | Other: |
|--|-------------------------------------|----------------------------------|--------|

| | | | |
|---|---------------------------------|-----------------------------------|--------|
| Major Health Issues <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Cancer | <input type="checkbox"/> Dialysis | Other: |
|---|---------------------------------|-----------------------------------|--------|

| | | |
|--|---|--|
| Do you receive homecare services? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Vision Barrier | <input type="checkbox"/> Hearing Barrier |
| Is there anything else we need to know? | <input type="checkbox"/> Legally Blind | |

How did you hear about us?

| | | | |
|------------------|------------------|------------------------|--------------------------------|
| Family / Friends | Health Providers | 211/311/Sage Directory | Volunteer Driving Organization |
| Media | Outreach Worker | Other: | |

The signature below indicates that you agree that the information you provided is true: that you allow your information to be shared between Drive Happiness partners and your emergency contact; that Drive Happiness has your permission to contact your emergency contact; that you consent to receiving communications related to Drive Happiness partners; and that you will not take legal action against Drive Happiness or their volunteers. Upon acceptance into the rider program, you will automatically become a member of Drive Happiness Seniors Association with all the rights and privileges of membership; including attending and voting at our Annual General Meeting.

Name: (please print) _____
 Signature: _____ Date: _____

Community Connections and Interests

In order to build partnerships with other organizations and provide you with specific information, please check the activities that you are interested in:

| Social Activities | | | | |
|--|--|--|--|--------------------------------------|
| <input type="checkbox"/> Bingo | <input type="checkbox"/> Happy Hour | <input type="checkbox"/> Movies | <input type="checkbox"/> Social Dances | <input type="checkbox"/> Day Program |
| <input type="checkbox"/> Book Club | <input type="checkbox"/> Knitting Club | <input type="checkbox"/> Music | <input type="checkbox"/> Volunteering | Other: |
| <input type="checkbox"/> Bridge Club | <input type="checkbox"/> Live Theatre | <input type="checkbox"/> Religious Services | <input type="checkbox"/> Whist | |
| <input type="checkbox"/> Coffee with friends | <input type="checkbox"/> Man Shacks | <input type="checkbox"/> Shopping with friends | <input type="checkbox"/> Writing club | |

| Fitness | | Education | |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Aquafit | <input type="checkbox"/> Walking | <input type="checkbox"/> Art Classes | <input type="checkbox"/> Choral Group |
| <input type="checkbox"/> Fitness Class | <input type="checkbox"/> Weight Training | <input type="checkbox"/> Financial Planning | <input type="checkbox"/> Genealogy |
| <input type="checkbox"/> Pickleball | <input type="checkbox"/> Yoga | <input type="checkbox"/> Computer Classes | Other: |
| <input type="checkbox"/> Swimming | Other: | <input type="checkbox"/> Cooking Classes | |
| <input type="checkbox"/> Using the Gym | | <input type="checkbox"/> Drama Club | |

| Activity Locations (please list names if possible) |
|--|
| City Recreation Centres: |
| Seniors Recreation Centres: |
| Churches: |
| Other: |

What has been the impact from NOT having a ride to get where you need to go?

| I could use some help or information on: | |
|--|--|
| Social Isolation | |
| Dementia Care | |
| ESL / Cultural | |
| Elder Abuse | |
| Caregiver Support | |
| Hoarding | |
| Financial Planning | |
| Financial Support | |
| Companion Care | |
| Other: | |