



**FISH (Friends In Service Helping) Medical Rides Program  
Rider Registration Form**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip: \_\_\_\_\_ Do you have Full MaineCare? **Yes No**

Mailing Address (if different from above): \_\_\_\_\_

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

Email: \_\_\_\_\_

Do you live alone? **Yes** No, I live with \_\_\_\_\_

Special Needs (walker, vision, hearing): \_\_\_\_\_

Can you enter/exit a vehicle unassisted? **Car (low step)** Yes No **Truck (higher step)** Yes No

**Note: We cannot provide wheelchair transportation. All riders must be able to schedule and manage their own appointments - we cannot schedule appointments with any third-parties.**

**Covid-19 Information**

Please list all Covid-19 Vaccinations (including boosters)

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

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

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

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

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

**Emergency Contact Information**

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



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**Please sign below to indicate your understanding of the following. I understand that this is a program using Volunteer drivers who provide their time and mileage to help our community. I have read and agree to the following:**

- **I must give at least five (5) business days notice to FISH for all requests**
- **I understand that FISH rides are available during regular weekday hours (no weekends)**
- **I will not make requests of drivers beyond the initial purpose of the ride**
- **If my plans are cancelled or rescheduled, I will contact the Center immediately**
- **I have read and understand the enclosed Driver and Rider Procedure Sheet**

I waive all claims of any type (including but not limited to, personal injury) against FISH volunteers for their actions or inaction associated with the Center and the FISH Medical Rides Program. In addition to waiving all claims of liability against the above-named entities, I indemnify them from any claims of liability from me or on my behalf.

Name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_

**Please send completed registration form to:  
The Center, 175 Port Rd., Kennebunk, ME 04043  
Questions: 207-967-8514**