



LEDYARD SENIOR CENTER

Member/Transportation Application 2022

NAME: _____ DATE: _____

HOME PHONE: _____ CELLPHONE: _____

EMAIL ADDRESS: _____

ADDRESS: _____ APT# _____

CITY/STATE/ZIP: _____

DATE OF BIRTH: ___ / ___ / _____ MARTIAL STATUS: _____

LIVING ARRANGEMENTS(check one) Alone ___ W/ Family ___ W/others ___

.....

IN CASE OF EMERGENCY:

EMERGENCY CONTACT #1 NAME: _____

HOME PHONE: _____ RELATIONSHIP: _____

CELLPHONE: _____

EMERGENCY CONTACT #2 NAME: _____

HOME PHONE: _____ RELATIONSHIP: _____

CELLPHONE: _____

.....

DOCTOR: _____ PREFERRED HOSPITAL: _____

CONDITIONS: _____

ALLERGIES: _____

.....

HOW DID YOU HEAR ABOUT US?

Turn over to back ----- >

Are you able to travel without assistance? Yes _____ No _____

Are you able to climb three 12 inch steps? Yes _____ No _____

Do you use a cane _____ walker _____ or wheelchair _____ ? (Check all that apply)

Do you need the wheelchair lift? Yes _____ No _____

Do you have a valid driver's license? Yes _____ No _____

Are you able to drive? Yes _____ No _____

Please be aware that the Senior Center transportation drivers do not provide assistance to and from the vehicle.

I shall fully indemnify, defend and hold harmless the Town of Ledyard and all of their respective officers, employees, agents, servants and volunteers to the fullest extent allowed by law for any claim for personal injury, bodily injury, death, property damage, emotional injury or any other injury, loss or damage of any kind, including the possible risks of exposure to COVID-19 in public spaces even if caused by the negligence of the Town of Ledyard or any of their officers, employees, agents, servants and volunteers.

Signature: _____ Date: _____