



### Age Friendly Saco Door to Door Services Riders Agreement

I have received, read, and clearly understand the AFS Door to Door services and agree to follow the following guidelines and terms (Please initial each item)

- \_\_\_\_ 1. I understand that AFS Door to Door service is a volunteer organization and that while all reasonable efforts will be made to meet my request, services are not guaranteed.
- \_\_\_\_ 2. I agree to communicate all my request through the ride coordinator a minimum of five (5) business days prior to the time needed for such request.
- \_\_\_\_ 3. I agree to provide the ride coordinator and my volunteer detailed directions to my house and any destination to which I may need to be taken. I agree to inform the program at the time of my request if I will be using any assistive devices such as cane, walker, wheelchair or require any form of assistance.
- \_\_\_\_ 4. I understand that AFS door to door service and its volunteers are not employed by me or hired in any other capacity. I understand and agree that AFS door to door and its volunteers cannot sign any official or legal documents or take medication or care orders from my physician or other medical personnel.
- \_\_\_\_ 5. I agree to provide my physician's names, addresses, phone numbers, emergency contact and any other applicable information as requested by the AFS door to door coordinator, any such information will be kept confidential and be used solely for the service provided.
- \_\_\_\_ 6. I agree to keep to the times and services requested, I will not request additional services from the volunteer or request the volunteers home phone number.
- \_\_\_\_ 7. I understand and agree that all services provided by AFS door to door service are complimentary and free of charge. There will be no payment requested or expected for any services provided.
- \_\_\_\_ 8. I agree that AFS door to door service and its volunteers are not responsible for any losses or damages incurred by me unless such losses or damages were the result of intentional or willful misconduct.
- \_\_\_\_ 9. I understand the AFS door to door service weapons policy and agree to follow it.

Rider Signature \_\_\_\_\_ Date \_\_\_\_\_

AFS D2D Interviewer/ Witness

Print name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

If applicable, please complete below:

Rider representative (Please Print) \_\_\_\_\_ Date \_\_\_\_\_

Representative Signature \_\_\_\_\_

