



Connecting Neighbors, Enriching Lives  
**Freeport Community Services**  
Since 1974

### Guidelines for Riders

The FCS Transportation Program provides rides for medical or counseling appointments Monday through Friday from 8am – 5pm.

#### **The FCS Transportation Program is available to adults who:**

- Live in either Freeport or Pownal.
- Complete our registration form.
- Are unable to drive or have no vehicle - either temporarily or permanently.
- Have no other means of transportation.

#### **Riders must agree to the following:**

- I must give at least 72 hours or 3 business days' notice for all ride requests (and longer if possible).
- I understand that rides are available during regular weekday hours.
- I will not make requests of drivers beyond the initial purpose of the ride.
- If your appointment is changed or canceled, I will notify FCS with at least 24 hours notice whenever possible.

#### **Rider Expectations:**

- Share any special needs with the AFFP Coordinator and document needs on the Rider Information form.
- You will need to be physically able to stand and get in and out of a vehicle with minimal assistance.
- Call the AFFP Coordinator (865-3985 ext. 222) to request a ride. Please DO NOT call drivers directly.
- Provide an estimated length of time for your appointment.
- Respect the driver's time. Please do not request unexpected additional rides or errands during your rides. These need to be arranged at the time of the initial ride request.
- Respect the driver's car. Smoking or substance use is not allowed during your ride.
- Many people are allergic to fragrances. Please do not wear strong perfume or scented personal care products.

All rides are coordinated through the Age Friendly Freeport & Pownal (AFFP) Coordinator.

#### **The AFFP Coordinator agrees to:**

- Notify riders that their ride has been scheduled and with a volunteer driver and confirm the date, pick-up time, and any driving instructions.
- In the case that no driver can be secured, the AFFP Coordinator will notify the rider 24 hours before the desired ride so that other arrangements can be made.



**FCS Transportation Program  
RIDER APPLICATION**

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

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

Town: \_\_\_\_\_ ZIP: \_\_\_\_\_

Brief directions to your home: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Do you live alone? Yes / No, I live with: \_\_\_\_\_

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

Can you enter & exit a vehicle unassisted? Car: Yes / No Truck: Yes / No

**\*\* WE CANNOT PROVIDE WHEELCHAIR TRANSPORTATION \*\***

Are you fully vaccinated against the covid-19 virus? Yes / No

Do you use any other FCS services? If so, which ones: \_\_\_\_\_

Emergency Contact Information:

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

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***All registration information will be kept confidential and used by the  
FCS Transportation Program only.***

I understand that this is a program using volunteer drivers who offer their time and vehicle to help our community.  
I have read and agree to the attached guidelines on using the program.

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

Name : \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please send completed form to [ccryvoff@fcsmaine.org](mailto:ccryvoff@fcsmaine.org) or mail to  
Cathy Cryvoff, AFFP Coordinator, Freeport Community Services, PO Box 119, Freeport, ME 04032.  
Please call (207) 865-3985 x222 with any questions.