



**DRIVE HAPPINESS** **volunteer airdrie**  
**SENIORS ASSISTED TRANSPORTATION**

**RIDER APPLICATION**

**DRIVE HAPPINESS**

9916-45 Ave. NW Edmonton AB, T6E5J1

Tel: 780-424-5438 | 1-888-336-4503

Email: info@drivehappiness.ca

**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?: \_\_\_\_\_

How much do you spend on transportation each month?: \_\_\_\_\_

**TRANSPORTATION INFORMATION:**

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?                                 |  |



**INCOME: Annual Gross Income (Line 150 of Tax Return):** \_\_\_\_\_

**EMERGENCY CONTACTS:**

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

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

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

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

*Drive Happiness Rider Application*

Please circle all the mobility aides that you use:

|                                    |                                 |                                     |                                  |                                      |   |
|------------------------------------|---------------------------------|-------------------------------------|----------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Cane      | <input type="checkbox"/> Walker | <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Scooter | <input type="checkbox"/> Oxygen Tank | <input type="checkbox"/> Service Animal |
| Attendant/ Person accompanying you |                                 |                                     | Other:                           |                                      |   |

**Health Information / Barriers:**

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

|   |                                 |   |   |   |   |
|---|---------------------------------|---|---|---|---|
| Motor Functions<br><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<br><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<br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Depression | <input type="checkbox"/> Anxiety | Other: |
|--|-------------------------------------|----------------------------------|--------|

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

Do you receive homecare services?  Yes  No

Is there anything else we need to know?

|   |  |
|---|--|
| <input type="checkbox"/> Vision Barrier | <input type="checkbox"/> Hearing Barrier |
| <input type="checkbox"/> Legally Blind  |  |

How did you hear about us?

|   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Family / Friends | <input type="checkbox"/> Health Providers | <input type="checkbox"/> 211/311/Sage Directory | <input type="checkbox"/> Volunteer Driving |
| <input type="checkbox"/> Media            | <input type="checkbox"/> 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         |                                       |

| 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:                                   |  |

| 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?