



## **Out & About Transportation Passenger Application Packet**

Welcome to Out and About Encinitas, a supplemental transportation program provided by the City of Encinitas. Our goal is to assist Encinitas city residents over the age of 50 with in-town grocery shopping, medical appointments and other errands. This Program provides the following:

- Volunteer driver for transportation needs. Each Out & About passenger is limited to 100 travel miles with a volunteer, per month. Please note that our program is staffed by volunteers, and that some ride requests may not be accommodated due to availability.
- Mileage reimbursement for those who volunteer their time driving you to medical appointments, grocery stores, bank, etc. Reimbursement is the annual IRS rate per mile, with a limit of 100 miles per calendar month. To be eligible for reimbursement, your driver:
  - Cannot be a family member.
  - Cannot reside with you.
  - Must fill out a volunteer driver application, be approved, and provide required documentation.

### **A Few Key Things You Should Know Before Participating In The Out & About Program**

- ✓ You must be an Encinitas resident living in the 92024 or 92007 zip code, who are 50+, with limited or no other means of transportation.
- ✓ Have a completed and City approved application.
- ✓ Any miles traveled beyond 100 miles per month is at your driver's discretion as they will not be reimbursed.
- ✓ Boundaries include all of Encinitas/Cardiff. You may also travel between Oceanside and San Diego to medical facilities and government agencies.
- ✓ If you are not at the designated departure site on time, you will be responsible for finding your own ride home. (City bus or taxi cab at your expense.)
- ✓ If you must cancel, please call your driver preferably 24 hours in advance. Not notifying the driver may be grounds for discontinuing future participation in the Out & About Program.

- ✓ All information about your driver is to be kept confidential.
- ✓ Driver tips are not accepted. There shall be no exchange of money between driver and passenger. Drivers are reimbursed for their mileage by the city.
- ✓ General donations are gladly accepted. Please make checks payable to City of Encinitas and mail to the Encinitas Senior Center.
- ✓ The City of Encinitas and the Encinitas Senior Center are not responsible for items lost, stolen, or missed during your travel.
- ✓ The Encinitas Senior Center reserves the right to make changes to the number of miles allowed per participant. Rides may be cancelled at any time.
- ✓ Seat belts must be worn at all times.

**Please mail applications to  
Encinitas Senior Center  
1140 Oakcrest Park Drive, Encinitas, CA 92024  
Attention: Gail Dupler, Transportation Coordinator  
Office Phone: (760) 943-2256**



## Passenger Application

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Nearest Cross Street to Your Home \_\_\_\_\_ Name of Apartment Complex or Housing Development \_\_\_\_\_

Birthdate: \_\_\_ / \_\_\_ / \_\_\_ Male  Female

Doctor's Name & Phone# \_\_\_\_\_

Emergency Contact Name:

Name	Home Phone	Cell Phone	Relationship
------	------------	------------	--------------

How did you hear about our program?

The following information is confidential and used for statistical purposes only.

1. Are you able to drive? No  Yes

2. Do you live alone? No  Yes  If No, how many people reside with you?

3. Do you have a diagnosed condition or disability?

4. How would you describe your health? Good  Fair  Poor

5. Do you use any mobility aids? Cane  Walker  Wheelchair  Service Animal

6. Are you any of the following? Visually impaired  Hearing impaired

### Release and Waiver of Liability and Indemnity

The information that I have provided is true and accurate to the best of my knowledge. I authorize representatives to contact persons whom I have listed on this application, or to make other inquiries as necessary to verify the information that I have provided. I, the undersigned, understand and agree to follow the above conditions. I understand by participating in the Out & About Program that I do so at my own free will and assume all risks associated with participation. I myself, and anyone entitled to act on my behalf, agree to waive and release the City of Encinitas, its elected officials, officers, agents, employees, and volunteers from any and all claims of liabilities of any kind arising from my participation in the program.

---

Signature

Date

Application Approved: \_\_\_\_\_ Application Denied: \_\_\_\_\_ Date: \_\_\_\_\_

---

City Approval