

Client Registration-VMTP

Name: _____ Phone: _____ Date: _____

Address: _____

Email: _____

Mobility:

Gets in/out independently ____ Needs Assistance: ____

Equipment needed:

Cane ____ Walker ____ Wheelchair: ____

Other Conditions/needs: _____

Referred By:

Self: ____ Family: ____ Agency: ____ Other: ____

Emergency Contact #1

Name: _____ Phone: _____

Address: _____ Relationship: _____

Emergency Contact #2

Name: _____ Phone: _____

Address: _____ Relationship: _____

- I understand that this is a requested service and I will abide by the requirements of the program.
- I have read and signed the Client Statement of Understanding.
- I will give as much notice as possible when requesting or cancelling a ride.
- I will respect the volunteer's privacy.
- I understand that all information is strictly confidential.