

TRS RodefRides

Rider Application

Personal Information:

Name: _____

Address: _____

Phone: (Home): _____ (Cell): _____ (Work): _____

Email: _____

Date of birth: _____

How did you hear about RodefRides?

Emergency Contact Information:

Name: _____

Address: _____

Phone: (Home): _____ (Cell): _____ (Work): _____

Relationship: _____

Physical Impairments: (i.e. the need for a walker, wheelchair, walking assistance, etc.)

RodefRides is supported by NV Rides, a program working to better coordinate volunteer transportation throughout the region. Because NV Rides is supported by Fairfax County, we are required to collect additional demographic information about the clients we serve. **This following is for reporting purposes only-- your name and personal information will be kept confidential:**

Please read the questions below and answer those that apply:

1. How many people reside in your household? _____
2. How many people over the age of 55 reside in your home? _____
3. Do you live in a female headed household? _____ Yes _____ No
4. Please check the box which most closely resembles your yearly income: Less than \$20,000 _____
\$20,000-\$40,000 _____ \$40,000-\$60,000 _____ \$60,000-\$80,000 _____ Greater than \$80,000 _____
5. With which Race/Ethnicity do you most closely identify? Please mark the appropriate box.
____ White/Caucasian (Not Hispanic or Latino) ____ Hispanic or Latino ____ Black/African American
____ American Indian or Alaskan ____ Asian ____ Multiracial ____ Native Hawaiian or Other Pacific Islander
____ Other/Not-reported
6. How many unemployed persons (Over the age of 18) are residing in your household?
7. How many people in your home receive unemployment benefits? (Do not include dependents)

8. Are there any children under the age of 18 residing in your home? _____ Yes _____ No

If "Yes" how many children under the age of 18 reside in your home? _____

9. Are there disabled persons in your household (having a physical or mental impairment that substantially limits one or more major life activities): _____ No _____ Yes _____ Number of persons with disabilities within household

10. Is your household enrolled in TANF (Temporary Assistance for Needy Families)? _____ Yes _____ No Please mail or deliver completed form to:

RodefRides Temple Rodef Shalom 2100 Westmoreland St., Falls Church VA 22043 or e-mail to RodefRides@gmail.com

TRS RodefRides/NVRides reserves the right to photograph and/or videotape activities for use in publicity or promotional materials. Please notify TRS RodefRides or NVRides in writing if you do not want photos of either you or your family members to be used and send in a recent photo so that we can be sure you or your family members are not included in these materials.