

Ride Together Trainee Intake Form

General Information:

Name: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (home): _____ (cell): _____

Email: _____

Preferred method of contact: Email Cell Home Phone

What is your ethnicity? _____

What is your primary language? _____

Are you fluent in any other languages? Yes No If yes, specify: _____

Do you require translation services? Yes No

Emergency Contact:

Name: _____ Phone: _____

Relationship: _____

Accessibility Information:

Do you use a mobility device or aid? Yes No If yes, select all that apply:

Scooter Walker Cane Crutches Wheelchair (manual)

Wheelchair (power) Rollator Other: _____

Do you take medications that may impact your travel training experience? Yes No

If yes, specify: _____

Which of the following are you able to do comfortably? Select all that apply:

Climb stairs Sit up to 4 hours Do moderate walking

Stand for extended periods Lift up to 20 lbs. Walk on uneven surfaces

Are you able to tolerate the following? Check all that apply:

- Snow & cold weather Sun & hot weather Varying temperatures

How long can you be outdoors?

- 2 hours 3 hours 4 hours 5 hours Other: _____

Please list any accommodations that may be needed: _____

Trip Information:

Where would you like to go? List in order of preference:

First destination name: _____

Address: _____

Departure point: Bus stop closest to your home Downtown Transit Center

Other: _____

Second destination name: _____

Address: _____

Departure point: Bus stop closest to your home Downtown Transit Center

Other: _____

What is your general availability? *Days of the week, times during the day, etc.* _____

Personal Information:

How often do you use public transportation?

- 1 - Never
- 2 - Sometimes
- 3 - Often
- 4 - Frequently
- 5 - All the time

If yes, please describe use: _____

If no, why not? _____

How would you rate your current understanding of transit basics (i.e. planning a trip, riding the bus, recognizing stops, etc.)? Select one.

- 1 - Very Poor
- 2 - Poor
- 3 - Average
- 4 - Good
- 5 - Very good

How would you rate your current understanding of transit safety (i.e. crossing streets, nighttime transit, asking for help, etc.)?

- 1 - Very Poor
- 2 - Poor
- 3 - Average
- 4 - Good
- 5 - Very good

Do you currently use SSTA paratransit services? Yes No

Are you familiar with the Transit app? Yes No

If no, are you interested in learning how to use the Transit app? Yes No

What would you like to gain from the Ride Together program? Be as specific as possible. _____

What are your personal transit goals? _____

How did you hear about Ride Together? _____

Do you have any questions or concerns about Ride Together or travel training in general? _____

Photo Release:

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Volunteer Signature: _____ Date: _____

Thank you for supporting Green Mountain Transit and your interest. Please e-mail or mail your GMT Ride Together Intake form to:

E-mail: ridetogether@ridegmt.com

Mail: GMT attn. Irene Choi
101 Queen City Park Rd
Burlington, VT 05401