



BROADVIEW HEIGHTS SENIOR CENTER MEMBERSHIP APPLICATION

City of Broadview Heights, 9543 Broadview Road, OH, 44147, 440-526-4685
Human Services Director Amy Jo Washabaugh
Mayor Samuel J. Alai

PLEASE PRINT CLEARLY

LAST NAME: _____ FIRST NAME _____

ADDRESS: _____

CITY: _____, OHIO ZIP: _____

HOME PHONE _____ CELL PHONE: _____

BIRTH DATE ___/___/___ MARITAL STATUS: () MARRIED () DIVORCED () WIDOWED

EMAIL ADDRESS: _____

EMERGENCY CONTACT (Please List 2)

1) Name _____ Relationship _____
Home Phone _____ Cell _____

2) Name _____ Relationship _____
Home Phone _____ Cell _____

Application for use of the Broadview Hts. Human Services Vehicle:

REASON FOR TRANSPORTATION:

HANDICAPPED: _____

HEALTH: _____

OTHER: _____

ADDITIONAL INFORMATION:

ALLERGIES: Drug _____ Food _____ Other _____

Walker / Cane _____ Wheelchair _____

Physician's Name _____ PH # _____

Physician's Address _____

OVER – SIGNATURE REQUIRED



TERMS AND CONDITIONS OF HUMAN SERVICES TRANSPORTATION

1. Any medical or scheduled transport is the extent of the ride. Only exception and must be requested and approved by the office before the ride (if the driver has time) to stop for prescriptions after a Medical Transport if absolutely needed.
2. If parking fees apply to your medical transportation, it is YOUR RESPONSIBILITY to pay for it.
3. For the health, safety and the welfare of all passengers and drivers of the City Vehicles, the Director of the Broadview Heights Human Services Dept. may require that passengers bring an aide who is able to provide assistance to any passenger who utilizes transportation services provided by the City of Broadview Heights.
4. The Human Services Department reserves the right to refuse service due to illegal/inappropriate activity.

Waiver and Release:

The undersigned does hereby waive, release and hold harmless and indemnify the City of Broadview Heights and the Broadview Heights Human Services Department, their organizers, officers, employees, agents and sponsors for any and all claims for damage of personal injury to me or loss of personal injury to me or loss of property that may be caused by any act or failure to act on the part of the City of Broadview Heights, the Broadview Heights Human Services Department property both real and personal and waive any and all specific notice of the existence of such dangerous conditions, if any. By participating in or attending any Human Services events and I agree to allow publication of any photograph taken of myself for advertising purposes.

Please be advised that any information provided may be subject to public disclosure under the Ohio Open Records Law.

Signature _____ Date _____

Office Use Only

Approved _____ Date _____ Added to Database _____