

East Hants Alternative Transportation Service

MEMBERSHIP APPLICATION FORM

224 Hwy #214, Unit 101A, Elmsdale NS B2S 1J7 PH: 883-4716 FAX: 883-2521

E_H_A_T_S@hotmail.com

Name: _____ Date of birth: _____

Civic Address: _____

Telephone: _____

Cell Phone: _____

Email address: _____

1) Do you have a medical condition or disability that may effect you while using our service?

If yes, please describe: _____

2) Do you require assistance getting in and out of your home? ___Yes ___No

3) Do you require assistance getting in and out of your car? ___Yes ___No

4) Do you require a wheelchair for mobility? ___Yes ___No

5) Do you require a wheelchair accessible vehicle for transport? ___Yes ___No

6) Will you need an attendant to accompany you? ___Yes ___No

7) Do you use a service dog? ___Yes ___No

8) What are your main transportation needs?

Education

Volunteering

Employability Services

Household Errands / Personal Business

Employment Start Up

Recreational / Social

Medical & Dental

Other (please describe) _____

9) Do you have any pets that may concern our drivers when picking you up? _____

10) In case of emergency, we should contact: _____

Relationship: _____ Telephone: () _____

I, _____, agree to abide by the rules and regulations set forth by the East Hants Alternative Transportation Service.

Signature

Date