



# New Rider Application

PLEASE PRINT AND USE INK

General Information			
First Name:	Last Name:	M.I.:	Application Date:
Address:		Are you age 55 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City, State, Zip:		Email:	
Home Phone:	Cell Phone:	Work Phone:	
Emergency Contact:		Emergency Phone Number:	

Additional Questions			
Do you use a mobility device? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, what type (check all that apply)	<input type="checkbox"/> Scooter <input type="checkbox"/> Motorized Wheel Chair	<input type="checkbox"/> Power Chair <input type="checkbox"/> Other: _____
Do you use a mobility aide? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, what type (check all that apply)	<input type="checkbox"/> Walker <input type="checkbox"/> Cane	<input type="checkbox"/> Other: _____ _____
Do you Drive? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you LIFT Certified? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Which of the following are you able to do (check all that apply):			
<input type="checkbox"/> Climb stairs	<input type="checkbox"/> Sit up to 4 hours	<input type="checkbox"/> Do moderate walking	
<input type="checkbox"/> Stand for extended periods	<input type="checkbox"/> Lift up to 20 lbs	<input type="checkbox"/> Walk on uneven surface	
Tolerate <input type="checkbox"/> Heat <input type="checkbox"/> Sun <input type="checkbox"/> Varying temperatures	<input type="checkbox"/> Hear and see the train approaching and rail crossing devices	Be outdoors <input type="checkbox"/> 3Hours <input type="checkbox"/> 4Hours <input type="checkbox"/> 6Hours	

Trip Information	
Have you ever used public transportation: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Where would you like to go?	
<b>First Destination:</b>	<b>Second Destination:</b>
Name:	Name:
Address:	Address:
City/State/Zip	City/State/Zip

Availability							
Days	M	T	W	TH	FRI	SAT	SUN
Times							
What is the best time to reach you?	<input type="checkbox"/> Morning		<input type="checkbox"/> Afternoon		<input type="checkbox"/> Evening		<input type="checkbox"/> Weekends

- Continued on Back -

Are we departing from:	<input type="checkbox"/> The bus stop nearest to your home? <input type="checkbox"/> The Transit Center or Train Station nearest to your home? <input type="checkbox"/> Other: _____
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Please list any limitations that may need to be accommodated:	Are you taking any prescribed medications: <input type="checkbox"/> YES <input type="checkbox"/> NO
	If yes, please list type and purpose:

## References

Name:	Phone:	Relationship:	Length of time known:
Name:	Phone:	Relationship:	Length of time known:
Name:	Phone:	Relationship:	Length of time known:

## How did you learn about the Transit Buddy Program?

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**Please complete & return this form to:**

**NCTD "Transit Buddy Coordinator"  
810 Mission Ave, Oceanside, CA 92054  
or fax it to: (760) 967-0941.**

**If you have any questions please call (760) 966-6525**

**Your Transit Buddy will be calling you soon!**

<b>Office Use:</b> Date Received:	
Transit Buddy Assigned:	
Date Training Evaluation form was received:	
Date certificate and 1-day pass were mailed:	

**We Move People!  
North County Transit District  
810 Mission Avenue, Oceanside, Ca. 92054-2825**