



To: ElderCARE Lake County
410 Grand Avenue
Waukegan, IL 60085

This letter is to confirm my understanding that free transportation services are provided through your program by trained volunteers. I accept this service at my own risk and understand that the volunteers have provided ElderCARE Lake County with copies of their driver's licenses and insurance information. I am required to wear the standard seat belt while receiving a ride from the volunteer.

I understand that I need to call ten (10) days in advance to arrange transportation for my medical appointments. I also understand that I have the right to refuse transportation services at any time. Whenever possible, I understand that a suggested donation of \$10.00 per roundtrip will be appreciated to help defray the costs of the transportation program and that the services will be provided based on the availability of your volunteers.

I understand that this form will be kept on file and my signature is required for me to receive transportation services through ElderCARE Lake County.

Please **PRINT** your name

Signature

Street

Date signed

City, State, Zip

Phone number

**Please sign, complete and return this form to the
ElderCARE Lake County office in the envelope provided.**

THANK YOU!