



SATS (Seniors Assisted Transportation Society of Greater Edmonton)

9907 - 108 Avenue, Edmonton, Alberta, T5H 1A5. Ph: (780) 732-1221 Fax: (780) 732-1227 Website: www.satsofedmonton.org

Membership Application

- 1a. First Name: _____
- 1b. Last Name: _____
- 2. Date of Birth (DD-MM-YEAR): _____
- 3. Spouse's Full Name (if applicable): _____
- 3a. Telephone Number: _____
- 4a. Address with postal code: _____
- 4b. Apartment Name and Number (if applicable): _____
- 4c. Buzzer Number: _____
- 5a. First Emergency Contact Name and Number: _____
- 5b. Relationship: _____
- 6a. Second Emergency Contact Name and Number: _____
- 6b. Relationship: _____
- 7. Languages spoken: _____
- 8. Net Income (Please show us or give us a copy of the most recent income tax return showing line 150 net income): _____
- 9. Sources of Income: _____
- 10. How much do you currently spend on transportation every month? \$0 \$10-\$30 \$31-\$60 \$61-\$99 \$100 & more
- 11. Do you use any of the following to be mobile? Cane Walker Wheel Chair Other (explain)
- Do you know we cannot take wheelchairs? _____
- 12. Do you have any medical condition that may affect your health and/or safety while out driving in the community? If so, explain.

13. Would you like to share your general medical condition, illnesses and/or disability? If so, explain.

14. Do you have a handicapped placard? If so, provide placard number.

15. Do you suffer from any infectious disease (Example: Tuberculosis)? If so, how would you try to mitigate the risk of spreading it?

16. Do any of your family members live with you? If so, provide information. If no, do any of your family members live in Edmonton and how often you visit them or they visit you?

17. Do you have any safety concerns at home? If so, provide information. (The SATS representative may document his/her observations if any).

18. Would you like to share any of your cultural or personality traits that would help volunteers to understand you better and provide culturally respectful support?

19. SATS can only help you up to 2 times a week! How often do you require transportation assistance? Once a week Twice a week

20. Purpose for which you require transportation:

Purpose	Frequency of visit	Frequency of visit
Medical Appointments	<input type="checkbox"/> Once a week	<input type="checkbox"/> Twice a week
Visiting Family/Relatives	<input type="checkbox"/> Once a week	<input type="checkbox"/> Twice a week
Visiting Friends	<input type="checkbox"/> Once a week	<input type="checkbox"/> Twice a week
Bank	<input type="checkbox"/> Once a week	<input type="checkbox"/> Twice a week
Shopping	<input type="checkbox"/> Once a week	<input type="checkbox"/> Twice a week
Attending community events	<input type="checkbox"/> Once a week	<input type="checkbox"/> Twice a week
Other (Explain)	<input type="checkbox"/> Once a week	<input type="checkbox"/> Twice a week

21. How do you manage your transportation need at present?

- Family, Friends & Relative
- Taxi
- Public Transport
- DATS
- Volunteer help from other sources

22. Consent:- The signature below indicates that you have read (or had the form read to you) and that you have understood the information and contents and agree that the information above is true. The signature below means that you are interested in signing up for volunteer driving support, if available. We ask also that your signature indicates that you will not engage in suing or litigation with SATS members, volunteers or staff. We will use the personal and medical information provided by you, only in case of an emergency, driving a volunteer ride. A copy of this form is available to me. (Use reverse of form if you would like to provide any additional information).

Date (DD-MM-YEAR):

Signature

