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Seniors Assisted Transportation Society of Greater Edmonton Membership Application

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SATS is used as the Acronym or Abbreviation for Seniors Assisted Transportation Society of
Greater Edmonton



SATS Membership Application

1. Name – (First Middle and Last):
2. Date of Birth (DD-MM-YEAR):
3. Spouse's Full Name (if applicable):
4. a. Address:

b. Apartment Name (if applicable): c. Buzzer Number:

d. Postal Code:

e. Telephone number(s):
5. Languages Spoken other than English:
6. Net income- Please provide the amount on the last income tax return from line 150:
7. How much do you currently spend on transportation every month? \$0 \$10-\$30 \$31-\$60 \$61-\$90 \$91+
8. How do you manage your transportation needs at present :



15. Do any of your family members live with you? If so; please provide information:

16. Please list family members/friends for emergencies:

Name 1: Relationship: Home Phone:

Address: Cell Phone: Work Phone:

Name 2: Relationship Home Phone

Address: Cell Phone: Work phone: .

Email Contact:

17. Do you have safety concerns at home? If so, please provide information.

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. How often do you require transportation assistance? We can help only one to two times a week. What do you need a



ride for: Medical Appointments Visiting Family/Friends
Hair Appointments Bank Grocery Shopping Attending
Community Activities for exercise or entertainment Other

20. Consent: The signature below indicates that you have read or had this form read to you and that you have understood the information and contents and agree that the information above is true. Please note: SATS will use the personal and medical information provided by you, to contact you and your family and for use in case of an emergency during a volunteer ride only. The signature below means that you will not engage in suing or litigation with SATS members, volunteers or staff. A copy of this form is available.

Date (DD-MM-YEAR)

Signature: