



Dear Friend,

Thank you for your interest in Neighbor Ride. Neighbor Ride is a nonprofit organization providing Howard County's residents, age 60 and older, with reasonably priced, reliable supplemental transportation utilizing community volunteers and resources.

Enclosed is a registration packet that provides you with a Passenger Information Sheet, Waiver Form, Registration Form and an Agreement Checklist. **These forms must be completed and returned to Neighbor Ride with your Registration Fee. If your income is limited and you qualify for other county services, you may be eligible for subsidized rides and the fees and fares will be waived.**

Once your registration is accepted, you will receive a call letting you know you may begin to schedule rides, and a welcome package will be mailed to you. **While every effort is made to find a volunteer driver, there is no guarantee that a driver will be found so passengers should also consider having a backup transportation plan.**

On behalf of our board of directors, staff, and volunteers, we look forward to serving you.

Warm regards,

A handwritten signature in cursive script that reads 'Bruce Fulton'.

Bruce Fulton  
Executive Director

*Neighbor Ride is committed to ensuring that no person is excluded from participation in or denied the benefits of its transportation services on the basis of race, color or national origin, as protected by Title VI of the 1964 Civil Rights Act.*

Neighbor Ride, Inc.  
5570 Sterrett Place, Suite 102, Columbia, MD 21044  
410-884-RIDE (7433) | [www.neighborrider.org](http://www.neighborrider.org)

## FREQUENTLY ASKED QUESTIONS

**Who is eligible to use Neighbor Ride?** Passengers must be 60 years of age, a resident of Howard County, and able to get in and out of a vehicle independently. Proof of residency and age may be requested.

**How does this service work?** Passengers are transported door to door by volunteer drivers in their personal vehicles. For liability reasons, drivers may *not* accompany passengers into their homes (except for accompanied shopping rides). Passengers must be physically and cognitively able to conduct their own personal business once they are at their destination.

**Are there additional fees if a spouse, friend, or assistant accompanies me on my ride?** There are no additional fees for anyone traveling from the same location and traveling to the same destination. *Note: A Passenger Waiver Form for each additional passenger must be on file in the office before the ride can be scheduled. Neighbor Ride cannot transport anyone under eight years old.*

**What types of rides can I use Neighbor Ride for?** Passengers may utilize Neighbor Ride for medical appointments, grocery, pharmacy shopping, barber/hair salons, banking, and other essential rides. Neighbor Ride does not provide rides to the airport, cruise terminal, or train stations. Passengers are eligible for a maximum of 12 rides per month - no exceptions.

**When are rides available?** Neighbor Ride provides rides daily, depending on the availability of our volunteer drivers.

**Will Neighbor Ride provide transportation to destinations outside of Howard County?** Yes, our maximum one-way driving distance is 35 miles from the pickup location. Please be aware that out of county rides are harder to fill and you should consider a backup plan should a driver not be available.

**When can I schedule my first ride?** Passengers can schedule their first ride once they submit their Passenger Registration and fees and receive a phone call confirming that the submitted paperwork has been received, and their account has been established. A welcome package will be mailed.

**What if I only need a one-way ride?** Neighbor Ride accommodates one-way ride requests. The fare is the same as for a roundtrip ride.

**How do I schedule a ride?** Passengers must contact Neighbor Ride by phone at 410-884-7433 or through our Ride Match Portal online *at least three (3) full business days* in advance to schedule trip(s). For example, if you need a ride on Friday, you must call Monday before 2:00pm to schedule.

Office hours are Monday through Friday, 9:00am to 2:00pm, and Saturday 10:00am to 1:00pm. Messages left on the answering machine after 2:00pm and on Sundays are returned the following business day. Passengers must provide the pick-up time, appointment time, number of passengers, destination address, zip code, telephone number, and estimated return trip time. Medical appointments require the doctor's name, group practice name, and phone number. For appointments at hospitals or clinics, passengers need to also provide the department.

**What information is needed before using Neighbor Ride?** Passengers must complete a Passenger Registration, Waiver, Agreement, and create a transportation account by paying \$45 (\$20 is a non-refundable registration fee and \$25 is deposited in your transportation account).

**How do I pay the trip fees?** Passengers are required to pre-pay for rides. Checks or money orders (no cash) should be made payable to Neighbor Ride, and mailed to 5570 Sterrett Pl., #102, Columbia, MD 21044. *Note: Include the passenger's name on the check. Drivers are prohibited from taking payments. Passengers on limited income may qualify for subsidized rides. The Good Neighbor Fund (GNF) Application and Proof of Income must be submitted as part of the application process.*

One-Way Mileage	Roundtrip Fee
Under 1 mile	\$10.00
1 - 4.99 miles	\$12.00
5 – 9.99 miles	\$18.00
10 – 14.99 miles	\$24.00
15 – 19.99 miles	\$30.00
20 – 35 miles	\$36.00

Credit card payments can be made to individual passenger accounts via our Ride Match Portal. To offset the cost of accepting credit card payments, convenience fees are added to online payments.

**What if I am running late or want to make an unscheduled stop?** Drivers are not permitted to make unscheduled stops. One additional stop of less than one hour between the pickup and destination can be scheduled at the time the ride is requested. Drivers may be scheduled for multiple rides, so it is important that passengers meet them at the prearranged time and place for pick-up and return. Medical appointments vary in length; try to estimate for the longest possible visit time.

**What happens if no driver is available?** While every effort is made to find a volunteer driver, there is no guarantee that each ride will be filled. Passengers will be contacted at 2:00pm the day before the ride if no driver is found. Passengers will not be charged for unassigned rides.

**What if I need to cancel a scheduled trip?** Please cancel as soon as possible so the driver can be notified. Passengers are not charged for cancelled trips. *Note: Repeated cancellations or no shows inconvenience our drivers and impact our ability to serve our passengers. This may result in suspension or termination of service per our Excessive Cancellation/No Show Policy.*

**How are volunteer drivers chosen?** Each driver has attended orientation, passed a criminal background check, a driving record check, and a personal reference check.

**When should I use the emergency line?** When the Neighbor Ride office is closed, leave a message on the emergency line only for the following circumstances:

- You need to cancel a ride scheduled to take place within the next 12 hours or over the weekend
- You were not contacted by your driver the night before your scheduled ride

**What is Neighbor Ride’s inclement weather policy?** To ensure the safety of our drivers and passengers, either the driver or the passenger may cancel a ride. If the driver is willing to drive, the driver will contact the passenger to confirm that he/she still wants the ride. If the ride is cancelled, please contact the Neighbor Ride office. If possible, we will remain open to handle all cancellation notices.

**How will I be able to identify my driver?** Look for the white Neighbor Ride magnet on the passenger side door of the vehicle and the volunteer’s name badge.

**Other Policies:**

- Smoking, eating, and drinking during a ride are prohibited
- It is against Neighbor Ride policy for our volunteers to accept tips
- Passengers are expected to pay for tolls and parking on the day of the ride

**How can I comment on my experience?** Survey postcards are mailed to passengers after their first ride and every six months thereafter. We appreciate your feedback!

**Can I donate to Neighbor Ride to help ensure services will always be available?** Absolutely! Tax-deductible donations are accepted via check or through our website (neighborride.org). You may also consider a Legacy Gift. Contact our Executive Director at 410-884-7433 for more information.



**PASSENGER AGREEMENT AND CHECKLIST**  
**(Please initial on each line below)**

1. I confirm that I am at least 60 years of age and a resident of Howard County to be a NR passenger.  
\_\_\_\_\_
2. I understand I must be physically able to independently get in and out of a car and not use a wheelchair (walkers, rollator, and canes are fine). \_\_\_\_\_
3. I understand that I must be physically and cognitively able to conduct my personal business once I am at my destination unless I'm accompanied by a family member, friend, or aide. If anyone travels with me, I understand he/she must sign a waiver and must be on file at Neighbor Ride prior to the ride. \_\_\_\_\_
4. I understand I must request a ride at least **three (3) full business days** before the ride date and provide the name, address, phone number, and times when requesting a ride. \_\_\_\_\_
5. I understand that when a volunteer driver is assigned, I will receive a call giving me the driver's name. I understand that while every effort is made to find a driver, there is no guarantee. If no driver is found, I will receive a call the day before the requested ride. \_\_\_\_\_
6. I understand all of our drivers and office ride coordinators are generously volunteering their time and services and need to be treated with respect. Failure to do so can result in termination or suspension of service. \_\_\_\_\_
7. I understand that I need to send in \$45 with my registration (\$20 is a non-refundable registration fee and the remaining \$25 will be deposited in my account to be used for my transportation). I understand that payments must be made in advance of any ride I take. If I am on a limited income and I qualify for other county services, I may be eligible for subsidized rides and will have all fees and fares waived. I understand I need to fill out the Good Neighbor Fund (GNF) form to receive subsidized rides. \_\_\_\_\_

I have read and agree to abide by the policies set forth for Neighbor Ride passengers. If I fail to follow any of these policies, services may be terminated or suspended.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_



**PASSENGER REGISTRATION FORM**

**CONTACT INFORMATION**

Title (i.e. Mr, Ms, Mrs, Dr): \_\_\_\_\_ First: \_\_\_\_\_  
Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: MD Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Type (Mobile, Home, Work): \_\_\_\_\_  
Alternate Phone: \_\_\_\_\_ Type (Mobile, Home, Work): \_\_\_\_\_

**DEMOGRAPHICS**

**Note: This information is helpful when Neighbor Ride is applying for grants.**

Please select all that apply.

- |                                                                                                                                                  |                                                  |                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------|
| Ethnicity                                                                                                                                        | Race                                             |                                                           |
| <input type="checkbox"/> Hispanic or Latino                                                                                                      | <input type="checkbox"/> American Indian/Alaskan | <input type="checkbox"/> Middle Eastern/North African     |
| <input type="checkbox"/> Non-Hispanic or Latino                                                                                                  | <input type="checkbox"/> Asian                   | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
|                                                                                                                                                  | <input type="checkbox"/> Black/African American  | <input type="checkbox"/> White/Caucasian                  |
| Veteran Status: <input type="checkbox"/> Protected Veteran <input type="checkbox"/> Non-Protected Veteran <input type="checkbox"/> Not a Veteran |                                                  |                                                           |

**ACCOMMODATIONS**

**Note: You must complete a Passenger Waiver before a ride can be scheduled. (Page 7)**

Please select all that apply.

- |                                               |                                                                |
|-----------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Hearing impaired     | <input type="checkbox"/> Trouble stepping into taller vehicles |
| <input type="checkbox"/> Visually impaired    | <input type="checkbox"/> Other concerns: _____                 |
| <input type="checkbox"/> Use a walker or cane |                                                                |

Can you speak English? \_\_\_\_\_ If not, what language? \_\_\_\_\_

Will anyone be traveling with you? \_\_\_\_\_ If yes, name: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

**Note: This information is different than Personal Details. Emergency contacts may be included in mailings from Neighbor Ride.**

Name: \_\_\_\_\_ Relationship to Passenger: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Type (Mobile, Home, Work): \_\_\_\_\_

## HOW DID YOU HEAR ABOUT US?

**Note: This information is helpful in marketing our services to the community.**

Please select all that apply.

Word of Mouth

Flyer or promotional materials

By whom? \_\_\_\_\_

Which one? \_\_\_\_\_

Professional Referral

Name of building: \_\_\_\_\_

Which Practice? \_\_\_\_\_

Other

If Social Worker or Physical Therapist,  
provide the name: \_\_\_\_\_

Please elaborate: \_\_\_\_\_

Internet

Where? \_\_\_\_\_

If other, please elaborate: \_\_\_\_\_

We have an optional system for passengers/ family of passengers to easily manage their Neighbor Ride account and rides online. Please provide your email address if you're interested:

**If you are completing this registration form online, please save it as a pdf to your computer, and once complete, email it as an attachment to [volunteer@neighborride.org](mailto:volunteer@neighborride.org).**



**PASSENGER ACKNOWLEDGEMENT AND WAIVER**

I, \_\_\_\_\_, hereby understand, agree and expressly assume all the dangers and attendant risks of transportation associated with my use of Neighbor Ride (the "Transport"). I waive all claims (including for myself, my successors and representatives) arising out of or related to the Transport (directly or indirectly) whether caused by Neighbor Ride's negligence, breach of contract or otherwise (the "Waived Claims") regardless of whether such Waived Claims relate to my bodily injury, property damage, loss or otherwise. I furthermore release and agree to hold harmless Neighbor Ride its successors and assigns, and its officers, directors, agents, volunteers, employees, and their executors, administrators and heirs from any liability, loss, cost or expense associated with the Waived Claims.

In the case of a medical emergency, I understand that the driver is instructed to call 911 and follow the direction that 911 provides. A copy of the emergency procedures and protocols are available upon request from the office of Neighbor Ride.

I further acknowledge and agree that the terms of my prepaid account with Neighbor Ride, and the corresponding funds contained therein, are such that in the event my prepaid account is inactive for any 6 (six) month period and after Neighbor Ride has exhausted reasonable efforts to contact me, all funds in my prepaid account shall be forfeited and shall henceforth immediately become the sole property of Neighbor Ride.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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**ADDITIONAL PASSENGER ACKNOWLEDGEMENT AND WAIVER**  
*(Only complete for an additional passenger that may travel with you)*

I, \_\_\_\_\_, hereby understand, agree and expressly assume all of the dangers and attendant risks of transportation associated with my use of Neighbor Ride (the "Transport"). I waive all claims (including for myself, my successors and representatives) arising out of or related to the Transport (directly or indirectly) whether caused by Neighbor Ride's negligence, breach of contract or otherwise (the "Waived Claims") regardless of whether such Waived Claims relate to my bodily injury, property damage, loss or otherwise. I furthermore release and agree to hold harmless Neighbor Ride its successors and assigns, and its officers, directors, agents, volunteers, employees, and their executors, administrators and heirs from any liability, loss, cost or expense associated with the Waived Claims.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

**Note: Must be different than the person you are riding with.**

Emergency Contact: \_\_\_\_\_ Relationship to Passenger: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ Emergency Alternate Phone: \_\_\_\_\_

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**GOOD NEIGHBOR FUND APPLICATION**

*(Only complete if you are on limited income and quality for other county services)*

Housing type (i.e. Rent, Own, Group): \_\_\_\_\_ Do you live in a relative's home? \_\_\_\_\_

*\*If you live in a relative's home or are claimed as a dependent for the current year's income tax, please list the total household income in the chart below.*

**PLEASE PROVIDE FINANCIAL INFORMATION FOR YOURSELF, SPOUSE, OR HOUSEHOLD, IF APPLICABLE.**

***Attach proof of income (i.e. social security statements)***

Monthly Income	Self	Spouse	Household
Wages			
SSDI			
Social Security			
Pension/Retirement			
Veteran Benefits			
Trust/Annuity			
Other Income			

I swear and affirm under penalty of perjury that all the information I gave is true, correct, and complete to the best of my ability, belief, and knowledge. I understand credit, background check or further documentation (i.e.: tax return) may be required.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_