

Helping Hands of Glenview  
2320 Glenview Road  
Glenview, Illinois 60025  
847-729-8181

## RELEASE INSTRUCTIONS

It is necessary for **Helping Hands of Glenview** to request each person using our volunteer transportation services to complete the attached form. Once we receive the signed release form, it will remain on file for any further requests for service that you may have. **THERE IS NO FEE FOR OUR TRANSPORTATION SERVICES.**

Please complete and return the form as soon as possible. We look forward to assisting you in the future.

If you qualify for handicapped parking and have a card which can be placed on the dashboard or stuck in the rear window, please bring it with you when you use our services, as that is the only way our drivers would be allowed to use the handicapped parking spaces. If you do not have a card please apply for one. Check with your township office for more information on how to obtain a "handicapped parking" card. (Northfield Township phone number 847-724-8300).

## Request for Transportation

(Please remember we need at least one week notice)

1. Client calls our voice mail system 847-729-8181. After the recorded message and beep, gives their name, telephone number, date and time the service is needed and destination. **Please speak slowly and clearly.**
2. Our phone coordinator checks for messages one a day Monday through Friday.
3. Phone coordinator will then make calls to our volunteer drivers to try to find transportation for client. (Sometimes it takes several days to reach an available driver.)
4. Volunteer driver will then call client to confirm date and time for picking up client. Please mark down driver's name.
5. For cancellations or changes, please call 847-729-8181 as soon as possible. Give your name, date and time of appointment and the driver's name. The phone coordinator will then notify the volunteer driver of the changes.

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**CONTINUING AND COMPLETE RELEASE FROM ALL LIABILITY FOR  
TRANSPORTATION AND SERVICES OR ASSISTANCE INCIDENT THERETO**

For, and in consideration of, transportation being sponsored by, or furnished me by, **HELPING HANDS of GLENVIEW**, the undersigned hereby releases Helping Hands of Glenview, the driver of the vehicle transporting me, and any other person in control of such transportation, or assisting with respect thereto, from any and all liability or other responsibility which might otherwise result from any accident, act, incident, omission or claim of any sort by reason of such transportation, service, or assistance incident thereto. It is intended that this release of liability for damages which might occur is to be construed to be as **COMPLETE A RELEASE AS POSSIBLE, IT BEING UNDERSTOOD THAT EXCEPT FOR THIS RELEASE, TRANSPORTATION SERVICE OR ASSISTANCE INCIDENT THERETO WOULD NOT BE FURNISHED**. This release covers each and every separate incident of transportation and all transportation during the entire period that the undersigned may be using transportation service or assistance incident thereto furnished or sponsored by **Helping Hands of Glenview**.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Print address

\_\_\_\_\_  
Town and zip code

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Witness signature

Comments (mobility limitations & general health information) . . . . .

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\_\_\_\_\_  
Print name of nearby relative or friend

\_\_\_\_\_  
phone number

To be contacted in case of emergency or Glenview Police Dept. "Well Being" check)

Date

Have handicapped parking card: \_\_\_\_\_ YES \_\_\_\_\_ NO

Helping Hands of Glenview received release: \_\_\_\_\_