



Helping Hands of Glenview

C/O Glenview Senior Center
2400 Chestnut Ave.
Glenview, IL 60026
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.

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.

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

Print name Phone number

Print address Town and zip code

Client signature Witness signature

Comments (mobility limitations & general health information)

Age: Over 65 _____ Under 65 and disabled _____

Walker: ___ Yes ___ No Wheelchair ___ Yes ___ No

Print name of nearby relative or friend phone number
To be contacted in case of emergency

Date _____ Have handicapped parking card: _____ YES _____ NO

Return form to
Helping Hands of Glenview

C/O Glenview Senior Center
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Helping Hands of Glenview received release: _____



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CLIENT GUIDELINES

Please retain this page for future reference

Barbara Pollak and Janet Pomillo are our phone coordinators. As a reminder, they can be reached at **(847) 729-8181**. Please do not call their home phones.

1. Call at least 7 days in advance of appointment
2. Please leave a message at **(847) 729-8181** that includes:
 - a. Time and date of message
 - b. Time and date of your appointment
 - c. Your name and telephone number
 - d. Any special requirements or information that will help the coordinators in fulfilling your request
 - e. Be sure to speak slowly and clearly
3. It may take several days to locate a driver. You will be contacted as soon as possible if we are unable to accommodate your request.
4. A scheduled trip should be no longer than 2 hours. In the event it may exceed this length, please tell the ride coordinator when you call to request a ride.
5. If you wish to stop at a pharmacy, please let the driver know beforehand and be sure your prescriptions are ready to be picked up so the time required is minimal. The driver may not be able to accommodate this stop.
6. If assistance is needed to get to and from the car or if you have a walker or wheelchair, let the coordinator know so they can attempt to locate a driver and vehicle that can handle this. You may be asked to have a care-giver to assist you.



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7. Rides can usually only be arranged between 9 AM and 5 PM Monday -Friday. It is very important to keep this in mind when you schedule your medical or personal need appointments.
8. **Only 2 rides per week can be scheduled.**
9. If you have a **Handicapped Parking** card, please bring it with you when you use our services.
10. 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 advise the volunteer driver of the change.
11. We require each client to complete and sign a Liability Release Form; we are unable to provide transportation services until the form is returned and approved.
12. All of our drivers know how much you appreciate their efforts for you. PLEASE do not offer them any gratuity. Rather, if you wish, a donation may be made to ***HELPING HANDS OF GLENVIEW.***