



RIDER PROFILE FORM

Office Use _____

PLEASE PRINT CLEARLY

First Name: _____ Last Name: _____ Date of Birth: _____

Address: _____ City: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Do you have special ADA needs? ___ Yes ___ No If yes, ___ Wheelchair ___ Walker ___ Cane

What is your age? 18 or under ___ 19 to 59 ___ 60 years or older ___

Emergency Contact Person: Name _____ Relationship _____ Phone No. _____

Emergency Contact Person: Name _____ Relationship _____ Phone No. _____

Email address: _____

Most Frequent Locations You Need Transportation To: ___ Shopping ___ Medical ___ Social ___ Work ___ School

Destinations you regularly go to (ie. Meijer, WalMart) 1. _____ 2. _____

3. _____ 4. _____ 5. _____

Reminder Call Number: Phone _____ Cell _____ email _____ Text _____

Please Note: All information contained on this form is totally confidential and will not be shared with anyone outside of Harbor Transit. This information will be used for internal purposes only.