



**New Rider Membership Agreement**

To become a member of our Rider Program at the Rendezvous Pointe Senior Center, please **sign** and **return** the following to: 425 W Magnolia St, Pinedale, WY 82941

- Rider Membership Application
- Rider Membership Agreement Signature page
- Behavior Policy Agreement

**Questions? Call Rendezvous Pointe Senior Center Transportation Department at 307-360-7138**

**SIGN AND RETURN BACK TO US**

***Member Agreement Signature Page***

I have read and agree to comply with Rendezvous Pointe Senior Center's Rider Program Agreement and Behavior Policy. I understand that my involvement in the program is voluntary, and the ability to accept and transport members is at the discretion of Rendezvous Pointe Senior Center. I will not make arrangements for these services on my own but will contact the Rendezvous Pointe Senior Transportation Department when I need a ride scheduled. I understand Rendezvous Pointe Senior Center is a local non-profit and accepts contributions towards services and/or donations that may be tax deductible. I understand that services will not be refused to members who are unable to donate or contribute.

By signing below, I certify that I have read this document and understand its terms and will comply with the member agreements.

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

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



Rider Membership Application

First Name: \_\_\_\_\_ Last: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Current Address: \_\_\_\_\_

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

Name of Community if Applicable (Retirement/Assisted Living Community, Apartment Complex, Subdivision, etc)

\_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Do you drive? Yes/No If no, why? \_\_\_\_\_

Physical Limitations/Disabilities: \_\_\_\_\_

Any Assistance Devices (i.e. wheelchair, walker, cane, oxygen) \_\_\_\_\_

\_\_\_\_\_

Are you married? Yes/No Who do you live with? \_\_\_\_\_

<b>Emergency Contact Information Required</b>	
Name:	_____
Relationship:	_____
Home Phone:	_____
Cellphone:	_____
Email Address:	_____



## Rider Membership Application

### Release of Liability

I hereby release Rendezvous Pointe Senior Center, its staff, board of directors, associates/staff and volunteers from all liability for any injury, medical expenses or damages related to services completed by Rendezvous Pointe Senior Center and its volunteers. I indemnify and hold harmless Rendezvous Pointe Senior Center, its staff, board of directors, associates and volunteers from all claims, losses, causes of action, lawsuits, judgments, including attorney's fees, costs, arising out of, or relating to, activities related to services provided by Rendezvous Pointe Senior Center.

I agree to follow and adhere completely to Rendezvous Pointe Senior Center program rules and guidelines. The ability to transport members is at the discretion of Rendezvous Pointe Senior Center. By signing below, I certify that I have read this document and understand its terms and will comply with this agreement.

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



Rider Membership Application

**OPTIONAL**  
**Pertinent Medical Information Form**

This form is voluntary and optional. If there is a medical diagnosis that you feel we need to be aware of in cases of emergencies, please list below. Possible medical information that may be helpful for us to know in emergency situations may include: diabetes, allergies, medical bracelet, pacemaker, etc)

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## PATRON CONDUCT POLICY

The Rendezvous Pointe Senior Citizens Center recognizes the need to promulgate rules and regulations that promote efficient, effective and safe programs, and operation at the Center. Towards this end, Rendezvous Pointe Senior Citizens Center will not tolerate patron conduct that in any way interferes with the Center's operation, is offensive to or jeopardizes the health or safety of Center staff and other patrons.

Any patron in prohibited conduct will be subject to disciplinary action, up to and including, being denied access to Center facilities and programs. Prohibited behaviors include, but not limited to the following:

1. The use of profanity or abusive language.
2. Fighting or assault.
3. Theft, destruction, defacement, or misuse of Center property or that property belonging to Center staff or patrons of the Center.
4. Threatening or intimidating Center patrons, staff or guests.
5. Smoking is not allowed in the Center. Patrons may smoke outside the building.
6. Horseplay, pranks, or practical jokes.
7. Failure to abide by safety rules, procedures or policies which endangers the individual or others.
8. Engaging in any form of sexual or other harassment.
9. Improper attire or inappropriate personal appearance.
10. Unauthorized gambling on Center property.
11. Possession of firearms or other weapons on Center property.
12. Liquor and/or drugs (controlled substances) will not be allowed on the premises.

THE BOARD OF DIRECTORS AUTHORIZES THE DIRECTOR OF THE CENTER TO ENFORCE THIS POLICY.

**Rendezvous Pointe Transportation Survey 2026**

Name: \_\_\_\_\_

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

1. What do you access our transportation services for? (groceries, medical appointments, personal errands, etc)

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2. Please describe your experience with our transportation program and any suggestions for improvement that we can adjust to meet your specific needs.  
*Please note: Some requests may not be feasible, but we will strive to meet your requests/needs to the best of our ability.*

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3. Please give us feedback on our drivers and any suggestions for improvement. How has your experience been with their courtesy, punctuality, professionalism and driving techniques?

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Other Comments