



Your Membership Application Packet

Welcome to our community of Riders! Thanks to the Volunteer Drivers, Office Workers and Donors who give of their time and financial assistance, Kerr♦Konnect exists to provide safe, affordable and reliable transportation. We hope to enhance Kerr County resident's quality of life by helping them maintain independence and mobility.

This Membership Packet contains forms and information necessary to get you fully registered and on board so you can get to destinations important to you.

What to Fill Out and Return to Kerr♦Konnect (Use the enclosed envelope)

- 1 **Membership Application**
- 2 **Release of Liability Form**
- 3 **Credit Card Information**

These documents help us give the best Rider experience we can, help assure smooth and successful operations of the program and outline guidelines for courtesy and respect are similar to those of our Drivers

What to Retain For Your Records

- 4 **Privacy Policy**
- 5 **Rider Code of Conduct**
- 6 **Fees and Services**

These documents explain how we handle the information we get from you, the fees for our service, and how to pre-pay for rides and maintain a balance in your Rider Account as our drivers will never handle money

Also in your Membership Packet you will find a Kerr-Konnect business card to keep handy in your billfold or purse, a Kerr-Konnect brochure which we encourage you to read and share with a friend who may want to become a member or a donor and a refrigerator magnet as a handy reminder of the phone number and website of Kerr-Konnect.

Kerr-Konnect has a system that will allow you to request rides through our website or by calling our office. **Once we receive your Membership Application forms and payment, we will provide you with full information about how to request rides.**

WELCOME to Kerr-Konnect. We are pleased you have chosen us to assist you.



Kerr•Konnnect

MEMBERSHIP APPLICATION

Name _____ Male Female
Address _____ City _____ State _____
Mobile phone # _____ Home phone # _____
Email _____ Birth date month and year: _____

Do you use any of the following: Cane Walker (Note: *We cannot accommodate wheelchairs*)
Are You a Veteran? Yes No Do you have a Service Dog? Yes No

MOBILITY

Will you want or do you need assistance with:

- Getting from your door to the car Getting into or out of a car
 Carrying packages to or from a car Getting from a car back to your door

Is there a ramp that you use at your address? Yes No

Are there steps up to your doorway? Yes No

Do you currently drive? Yes No Do you have a vehicle available to you? Yes No

How have you been getting to medical appointments? _____

How have you been getting to the grocery store? _____

What other options for transportation have you used? _____

How often do you think you will use the transportation services of Kerr•Konnnect?

- Once/week Twice/week Once/month Twice/month More than twice/ month

MEDICAL

Do you have medical conditions that our drivers should know about? Yes No

If yes, please briefly describe each condition: _____

Name of primary doctor _____ Phone # _____

Other doctor name _____ Phone # _____

FAMILY/EMERGENCY CONTACTS

1. Name _____ Relationship _____
Mobile phone # _____ Home or Work phone# _____
2. Name _____ Relationship _____
Mobile phone # _____ Home or Work phone # _____

RIDER CODE OF CONDUCT

- I will be ready for my ride at the scheduled time.
- I will not make derogatory or discriminatory remarks.
- I will not use alcoholic beverages or mood altering drugs prior to or during my ride.
- I will refrain from smoking and eating in the driver's automobile.
- I will treat the driver with dignity, courtesy, and respect.
- I understand that Kerr♦Kconnect provides service through the door at my pickup and destination.
- I understand that the drivers cannot accept tips.
- I understand the volunteer driver is not required to carry, lift, or provide special assistance that could harm him or her.
- I understand that the driver is only obligated to take me to the destination that is originally scheduled on the specific day of travel and to no other destination without prior approval.
- I will immediately contact the driver and Kerr•Kconnect as soon as I know that I am not able to keep my requested ride.
- I understand that rides are scheduled on a “first come – first serve” basis and on rare occasions or times of peak demand there may be insufficient drivers to accommodate all desired riders.

The above information I have provided is accurate to the best of my knowledge. I acknowledge and agree to comply with the Rider Code of Conduct. I understand that acceptance and continuance as a member is contingent on Kerr♦Kconnect’s ability to accommodate my particular health and mobility condition. I further understand that there is a \$20 annual membership fee and that fees associated with scheduled trips must be paid in advance (drivers cannot accept cash).

Signature

Date



Kerr•Konnnect

MEMBERSHIP APPLICATION

Name _____ Male Female

Address _____ City _____ State _____

Mobile phone # _____ Home phone # _____

Email _____ Birth month and year: _____

How did you hear about Kerr•Konnnect? _____

Do you use any of the following: Cane Walker (Note: *We cannot accommodate wheelchairs*)

Are You a Veteran? Yes No Do you have a Service Dog? Yes No

MOBILITY

Will you want or do you need assistance with:

Getting from your door to the car Getting into or out of a car

Carrying packages to or from a car Getting from a car back to your door

Is there a ramp that you use at your address? Yes No

Are there steps up to your doorway? Yes No

Do you currently drive? Yes No Do you have a vehicle available to you? Yes No

How have you been getting to medical appointments? _____

How have you been getting to the grocery store? _____

What other options for transportation have you used? _____

How often do you think you will use the transportation services of Kerr•Konnnect?

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Signature

Date _____

Kerr♦Konnnect RELEASE, WAIVER AND COVENANT NOT TO SUE

IN CONSIDERATION of receiving the benefits and services offered by Kerr♦Konnnect that I have requested, I, for myself and on behalf of any other person who accompanies me at my request while receiving the services (hereafter called “third persons”),

1. HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Kerr♦Konnnect, its officers and employees and volunteers (all for the purposes of this Release and Covenant are herein referred to as “Releasees”) from all liability for any and all loss or damage, and any claims or demands therefore, on account of injury or death to myself and the third parties, whether caused by the negligence of the Releasees or otherwise while the undersigned is receiving services from Kerr♦Konnnect **THIS RELEASE AND COVENANT NOT TO SUE IS SPECIFICALLY INTENDED TO ABSOLVE, RELEASE, DISCHARGE AND CONTAIN A COVENANT NOT TO SUE KERR♦KONNECT EVEN THOUGH THE ACT OR A CONTRIBUTING ACT CAUSING THE INJURY OR DEATH IS THE RESULT OF NEGLIGENCE OF KERR♦KONNECT OR ANY OF ITS EMPLOYEES, OFFICERS, VOLUNTEERS OR CONTRACTORS.**

2. HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees and each of them from any loss, liability, damage or cost of any kind or nature that they may incur due to any injury or death to me or the third party arising from the furnishing of services by Kerr♦Konnnect to me.

THE UNDERSIGNED further expressly agrees that the foregoing Release, Waiver, Covenant and Indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the laws of the State of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

“THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS NOT ONLY FOR MYSELF BUT ALSO A RELEASE OF ALL CLAIMS THAT MAY ARISE FOR AND ON BEHALF OF THIRD PARTY AS DESCRIBED HEREIN.

Signed this ____ day of _____, 20____.

Signature

Printed Name



Credit Card / Payment Agreement

MEMBERSHIP ENROLLMENT

Annual Membership Fee (\$20 for single, \$30 for a couple) \$ _____

My Ride Account (\$16 good for 4 round trips) \$ 16.00

Payment Method Check Credit Card **Total Payment** \$ _____

MY RIDE ACCOUNT

I hereby authorize Kerr♦Konnect to maintain my Kerr♦Konnect Ride Account with a positive balance. I understand that when my Ride Account is down to two round trips (\$8.00) my account will automatically be filled with four round trips (\$16.00) using the credit listed. This authorization shall remain in effect:

_____ (initials) Beginning on the Date of this Agreement and ending on Mo. ____ Year _____

_____ (initials) Until written notice is given by me.

Don't automatically fill my Ride Account when low. Call me on: _____

CREDIT CARD INFORMATION

♦ Name as it appears on Credit Card: _____

♦ Address associated with the card _____

♦ Zip code associated with the card _____ ♦Type of card _____

♦ Card Number _____

♦ Expiration date _____ ♦ Security code on back _____

Signature: _____ Date: _____



Kerr•Konnnect

Privacy Policy

This privacy notice discloses the privacy practices for Kerr•Konnnect, Inc. organization and our website; <http://www.kerrconnect.org>. It will notify you of the following:

- What information we collect
- With whom it is shared
- How it can be corrected
- How it is secured
- How policy changes will be communicated
- How to address concerns over misuse of personal data

Information Collection, Use, and Sharing

We only have access to/collect information that you voluntarily give us via email or other direct contact from you. We will not sell or rent this information to anyone.

We will use your information to respond to you, regarding the reason you contacted us. We will not share your information with any third party outside of our organization, other than as necessary to fulfill your request.

Unless you ask us not to, we may contact you via email in the future to request necessary information or inform you of the status of ongoing activities, whether general in nature or specific to you, or changes to this privacy policy.

Your Access to and Control Over Information

You may opt out of any future contacts from us at any time. You can do this at any time by contacting us via the email address or phone number provided on our website in order to:

- See what data we have about you, if any
- Change/correct any data we have about you
- Have us delete any data we have about you
- Express any concern you have about our use of your data

Security

We take precautions to protect your information. When you submit sensitive information, your information is protected both online and offline. Wherever sensitive information (such as credit card data), is collected, that information is encrypted and transmitted in a secure way. You can verify this by looking for a closed lock icon at the bottom of your web browser, or looking for "https" at the beginning of the address of the web page.

While we use encryption to protect sensitive information transmitted online, we also protect your information offline. Only employees who need the information to perform a specific job (e.g. evaluating you for acceptability into our program) are granted access to personally identifiable information. The computers/servers on which we store personally identifiable information are kept in a secure environment.

Links

Our web site contains links to other sites. Please be aware that we are not responsible for the content or privacy practices of such other sites. We encourage our users to be aware when they leave our site and to read the privacy statements of any other site that collects personally identifiable information.

Surveys

From time-to-time our site requests information via surveys. Participation in these surveys or contests is completely voluntary and you may choose whether or not to participate and therefore disclose this information. Information requested may include contact information (such as name and address), and demographic information (such as zip code). Survey information will be used for purposes of monitoring or improving the use and satisfaction of our organization or website.

Notification of Changes

Whenever material changes are made to the privacy notice we will inform you by the email address you have provided.

If you feel that we are not abiding by this privacy policy, you should contact us immediately via telephone at 830-315-5377 or via email at info@kerrkonnnect.org



RIDER CODE OF CONDUCT

- 1.** In order to maintain Kerr Konnect's operational timeliness and reputation we ask that Riders be ready for the ride at the scheduled time and not use alcohol prior to the ride. In respect of the driver and his or her vehicle, riders are not allowed to smoke, eat or drink beverages in the vehicle.
- 2.** Immediately contact the driver and Kerr•Konnnect in the event that you find out you are not able to keep your requested ride.
- 3.** Kerr•Konnnect may provide service through the door, both at your house and at the destination. However the volunteer drivers are not required to carry, lift, or provide special assistance that could harm him or her.
- 4.** Drivers are only obligated to take you to the destination that is originally scheduled on your scheduled day of travel and to no other destination without prior approval.
- 5.** Kerr•Konnnect drivers cannot accept any money, gifts or tips. Riders are responsible for prepaying Kerr Konnect for rides. Donations are accepted, and are indeed needed to keep the program going, however, drivers cannot accept cash. I know that drivers can provide me with an envelope to mail any donation that I wish to make to Kerr•Konnnect.

Rides are scheduled on a "first come – first serve" basis and on rare occasions or times of peak demand there may be insufficient drivers to accommodate all desired riders.

As a member / rider you have an obligation to uphold these codes of conduct or face temporary or permanent removal from the Kerr•Konnnect program.

I acknowledge and agree to comply with the Rider Code of Conduct. I understand that acceptance and continuance as a member is contingent on Kerr•Konnnect's ability to accommodate my particular health and mobility condition. I further understand that there is a \$20 annual membership fee and that fees associated with scheduled trips must be paid in advance (drivers cannot accept cash).



Fees and Services Information

It's Simple! Our Kerr♦Konnect fee schedule has only two components:

- An annual membership fee of \$20.00 for an individual, \$30.00 for a couple - this helps offset the costs associated with setting up and maintaining your unique account as well as offsetting our insurance and operational costs. This fee is paid annually on the month in which you first joined.
- A "Per Ride" fee is \$2.00 for a one way trip and \$4.00 for a round trip. There is no additional charge for a nurse or caretaker that needs to accompany you on a ride.

You will have your own **Ride Account** where you pay in advance for rides with a check or credit card. As you use the service, a one way payment of \$2.00 or round trip payment of \$4.00 will be deducted from your account. When your account gets below the amount for two round trips (\$8.00) we will contact you to ask that you re-fill your account or, with your prior approval, we automatically add another four round trips using your credit card information on file. We operate in this manner so neither you or our drivers have to handle cash.

Our drivers cannot and will not accept money. All fees are to be paid directly to Kerr♦Konnect. At such time that you no longer wish to use Kerr♦Konnect services, we will refund any amount remaining in your **Ride Account**.

Please fill out the enclosed Payment Agreement Form and return by mail with the other membership forms using the preaddressed envelope provided.

(Kerr♦Konnect Office P.O. Box 290194, Kerrville, Texas, 78029)