

Mail completed  
application to:

Newark Paratransit  
35322 Cedar Boulevard  
Newark, CA 94560

Telephone Number: (510) 791-7879 Fax Number: (510) 713-8384

## Newark Paratransit Application

It is important to complete all parts of the application. Applications that are not fully completed or clearly written will be returned, thus delaying your ability to schedule a ride. Each individual utilizing the service must have a completed application on file.

Last Name  First Name  Sex: F  M   
Street Address  Birth Date\*  /  /   
Newark, CA 94560 (\*if younger than 65, attach a doctor's statement of disability)  
Phone Number (510)  Work Number (if applicable) ( )

### In case of emergency, we should contact:

Name   
Address  City   
Work: ( )  Home: ( )

### Check all that apply to you:

- Use a wheelchair  Need to use lift  Need a Personal Care Attendant (PCA) when traveling (if this box is checked, please also refer to PCA Guidelines and complete the PCA Certification Form)
- Use a service animal  Use an oxygen tank

Please read the statement below carefully, then sign below.

I understand and hereby acknowledge that my participation in the Newark Paratransit Program is voluntary. Further, I understand and acknowledge that participation in the program may be deemed a hazardous activity. I, my successors, assigns, or anyone acting on my behalf hereby release and forever discharge Newark Paratransit Program, Satellite Housing, Inc., the City of Newark, and their respective officers, agents, employees, volunteers, successors and assigns of and from all actions, causes of action, damages, claims and demands arising out of my participation in the above-named program; and, further agree not to make claim or take proceedings against any other person or entity which may claim contribution or indemnity under the provisions of any statute or otherwise.

I affirm that the statements on this form are true to the best of my knowledge and belief.

Applicant Signature  Date