

RESTON COMMUNITY CENTER RCC Rides – Rider Application



PERSONAL INFORMATION • PLEASE PRINT

Name	First									Last					
Home Address															
City									State			Zip			
Phone	Home							Cell							
E-Mail Address									Date of Birth		___/___/___				
Do you speak any other languages?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		Please list _____										

If you would like to receive help in any of the categories listed below please check all that apply

<input type="checkbox"/> Transportation to medical appointments	<input type="checkbox"/> Transportation to pharmacy/grocery/other shopping
<input type="checkbox"/> Transportation to Reston Community Center events	<input type="checkbox"/> Other _____

How did you hear about the RCC Rides program? (check all that apply)

<input type="checkbox"/> Email	<input type="checkbox"/> Friend/Family	<input type="checkbox"/> Reston for a Lifetime	<input type="checkbox"/> RCC Program Guide	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Other _____
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Emergency Contact Information															
Name	First									Last					
Home Address															
City									State			Zip			
Phone	Home							Cell							
	Work							E-Mail Address							
Relationship	_____														
Physical Difficulties or Impairments: (i.e. use a walker, use a wheelchair, need walking assistance, etc.)	_____														

PLEASE NOTE: Please do not make changes to this paragraph. Participation in RCC programs is contingent on all the following conditions. I recognize that there may be risks in participating in programs and activities being offered by Reston Community Center ("RCC"), and I understand that RCC strongly recommends that any person participating in any such program or activity should be covered by insurance while participating in any such program. By my signature below, I acknowledge and agree that RCC, the Governing Board of RCC, the Board of Supervisors of Fairfax County, the employees of RCC and Fairfax County, together with the volunteers assisting RCC and the County, are protected against claims for liability by the doctrine of sovereign immunity, and I agree to hold such entities and persons harmless from any and all property damage or bodily injury that may result from my participation. If I am registering a child, by my signature below, I represent that I am the parent/legal guardian of the child being enrolled and that I am making the representations stated above on behalf of that child. I also recognize that employees of RCC and/or the County may take and edit photographs and/or video tapes of RCC programs for either archival or public relations purposes. By my signature below, I acknowledge and agree that any such photographs and/or videos are the property of RCC and/or the County, that any such photos and/or videos may be used in the publications of RCC and/or the County without compensation to me, and that any such photos and/or videos may be subject to the Virginia Freedom of Information Act and other applicable laws. Finally, by my signature below, I acknowledge and agree to the RCC refund and cancellation policy.

SIGNATURE: _____ DATE: _____

Please return completed form to RCC Rides at 2310 Colts Neck Road, Reston VA, 20191
For information call 703-390-6198 or email: Ali.Clements@fairfaxcounty.gov or www.restoncommunitycenter.com/RCC Rides

Please Fill Out The Demographic Information On The Other Side

RCC USE ONLY	
DATE STAMP	

RESTON COMMUNITY CENTER RCC Rides – Rider Application Demographic Information



Dear Prospective RCC Rides Client,

The RCC Rides program is dedicated to helping our clients maintain an independent and safe lifestyle. RCC Rides is supported by a Fairfax County grant that requires specific information from the community members that we serve.

Please find a brief survey below. Your participation is critical in ensuring the continued success and funding of this program. All information is for reporting purposes only – your name and personal information will be kept confidential.

Thank you so much for taking the time to fill out this survey. We look forward to improving and expanding transportation services, to continue to help you get where you need to go at no cost. Please return this form with your client application.

Please read the questions below and answer those that apply:

1. How many people reside in your household?

2. How many people over the age of 55 reside in your home? _____

3. Do you live in a female headed household?

Yes No

4. Please check the box which most closely resembles your yearly income:

- Less than \$20,000 \$20,000-\$40,000
 \$40,000-\$60,000 \$60,000-\$80,000
 Greater than \$80,000

5. With which Race/Ethnicity do you most closely identify?

Please mark the appropriate box.

- White/Caucasian (Not Hispanic or Latino)
 Hispanic or Latino
 Black/African American
 American Indian or Alaskan
 Asian
 Multiracial
 Native Hawaiian or Other Pacific Islander
 Other/Not reported

6. How many unemployed persons (18 yrs and older) are residing in your household?

7. How many people in your home receive unemployment benefits? (Not including dependents)

8. Are there any children under the age of 18 residing in your home?

Yes No

If "Yes" how many children under the age of 18 reside in your home?

9. Are there disabled persons in your household (having a physical or mental impairment that substantially limits one or more major life activities):

Yes No

Number of persons with disabilities within household

10. Is your household enrolled in TANF (Temporary Assistance for Needy Families)?

Yes No



Reston Community Center Hunters Woods
2310 Colts Neck Road • Reston, VA 20191

Reston Community Center Lake Anne
1609-A Washington Plaza • Reston, VA 20190

703-476-4500, TTY 711 • 703-476-2488 (FAX)

