



DMCC offers **free** transportation services to senior and disabled residents of the City of Del Mar who are no longer able to drive. These services are funded by the City of Del Mar and through charitable donations. For your safety, please keep identification on you at all times when using any of our transportation services.

Sassy Chassis

DMCC's passenger van is reserved two days per week for essential errand services for transportation clients. This van is operated only by DMCC paid drivers. Usually there is a volunteer "bus host" on board to assist with getting on and off the van, carrying packages, communication, and anything else to help you to complete your errands. The van picks riders up at home and returns them to their homes.

- **Monday Shopping Van:** Mondays, 9am – 1pm
This trip occurs on three Mondays per month, and visits retail and discount store locations such as Target, Marshalls, Ross, Barnes and Noble, Ulta, etc. The destination rotates; please consult the DMCC monthly newsletter or contact the office to inquire about specific locations. **To make a reservation, contact us by the previous Friday at 3pm.**
- **Wednesday Grocery Van:** Wednesdays, 9am – 2pm
This trip occurs each week (excluding holidays), and helps with your essential grocery and pharmacy shopping, divided into two different shifts. **To make a reservation, please contact the DMCC office by the previous Tuesday at 3pm, and specify the A Shift, B Shift, or both.**
 - A Shift:** 9am – 11:30am, Vons and Sprouts in Solana Beach
 - B Shift:** 11:30am – 2pm, Trader Joes and Rite Aid in Carmel Valley

Volunteer Driver Rides

DMCC's personalized transportation services are provided by volunteers who will pick you up at your home in their personal vehicles and take you to medical, dental, personal care, or legal appointments with destinations within a 10-mile radius of Del Mar. Rides are provided between the hours of 8:30am – 4:30pm, Monday through Friday. Rides will not be provided to emergency or urgent care facilities. Volunteers complete a criminal background check, and go through a driving record and insurance verification process before driving for DMCC. **To make an appointment, please contact us with your appointment details at least 7 days in advance.**

Foxy Flyer Wheelchair Rides

DMCC's Foxy Flyer wheelchair-accessible van is available to provide free personalized transportation to medical and other essential appointments for those residents who use wheelchairs, including those temporarily recovering from surgery or injury. The Foxy Flyer is operated by paid drivers. **To make a reservation for a Foxy Flyer ride, please contact the DMCC office with your appointment details at least a week in advance.**

To reserve pickups, request appointments, or ask questions about our Transportation Services, please call (858) 792-7565 or email dmcc@dmcc.cc.



Del Mar Community Connections

PO Box 2947 Del Mar, CA 92014 www.dmcc.cc 858-792-7565

Transportation Program

OFFICE USE ONLY:

Programs Applying For: <input type="checkbox"/> Grocery Shuttle/Van Rides <input type="checkbox"/> Dial-A-Ride Taxi Voucher <input type="checkbox"/> Volunteer Driver Program	Proof of DM Residency: <input type="checkbox"/> Utility Bill <input type="checkbox"/> Handicap Placard	<input type="checkbox"/> CA DL/ID <input type="checkbox"/> Physician Confirmation <input type="checkbox"/> Tax Return
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NAME _____ DATE _____

ADDRESS: _____

__ Del Mar, CA 92014 _____ Tel. _____

Email Address: _____ Do Not Use Email _____

Emergency Contact: _____ Tel. _____

Primary Care Physician: _____

Physician's Telephone number _____

Are you a senior?

Do you have a special need?

_____ Use a cane _____ Use Crutches _____ Use Wheelchair _____ Use Oxygen

_____ Trouble getting in/out of car

ANY OTHER PHYSICAL DISABILITIES OF WHICH DRIVER SHOULD BE AWARE? (List below)

- Please see reverse -

P.O. Box 2947, Del Mar, CA 92014

Phone: 858-792-7565 Fax: 858-792-8055

e-mail: dmcc@dmcc.cc

Website: www.dmcc.cc



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RIDER AGREEMENT RELEASE AND WAIVER OF LIABILITY AND INDEMNITY

In consideration of my voluntary participation with the Del Mar Community Connections Transportation Program, I, _____, hereby agree to the following:

I hereby release, waive, indemnify and hold harmless Del Mar Community Connections, its officers, employees, and volunteers, from any loss, liability, and/or damage due to my voluntary participation in the Volunteer Drivers Program;

I hereby assume full responsibility for and risk of bodily injury, death or property damage;

I further agree that the foregoing Release and Waiver of Liability and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect;

I have read and voluntarily sign the Release and Waiver of Liability and Indemnity Agreement, and further agree that no oral representations, statements of inducement, apart from the foregoing written agreement, have been made.

Signature of Rider

Date

Office Use:

Date Provided:

Transportation Program Rider Code of Conduct & Information