



# San Pablo

**SENIOR & DISABLED**

# Transportation



**Are you a San Pablo resident or living in unincorporated San Pablo?  
If so, you may be eligible—apply today!**

• Affordable fares • Friendly, professional staff • Convenient door-to-door service • Reliable, timely transportation

**Application approval is required prior to scheduling a reservation.**

**Contact us for more information or to  
request an application:**

- In person
- By mail or email
- Online at our website

**Office Location & Contact Information:**

**Address:** 1943 Church Lane, San Pablo, CA. 94806  
**Office Hours:** Monday-Friday, 9:00 a.m. - 4:00 p.m.  
**Phone Number:** (510) 215-3095  
**Email:** [paratransit@sanpabloca.gov](mailto:paratransit@sanpabloca.gov)  
**Website:** [www.sanpabloca.gov/Transportation](http://www.sanpabloca.gov/Transportation)

*This program is supported by Contra Costa County Measure J funds.*

# CITY OF SAN PABLO SENIOR & DISABLED TRANSPORTATION



1943 CHURCH LANE SAN PABLO, CA 94806  
PHONE: (510) 215.3095



**Office use only:**  Resident  Non-Resident  Volunteer Fiscal Year: \_\_\_\_\_  
Contacted/Verified: \_\_\_\_\_ Status: \_\_\_\_\_ RM Entry Date: \_\_\_\_\_  New  Renewal

**By checking the box below, I certify that I have included all required documents: a doctor's note (if age 18–49 and medically disabled), a photo I.D. (to verify age), and a current utility bill with my name and a 94806 residential address (to verify eligibility).**

All required documents are attached

## Applicant Information

**Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
First Middle Initial Last

**Address:** \_\_\_\_\_  
Street Address Apartment/Unit #

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

### Gender Identity:

Female  Male  Gender Variant/ Non-Conforming  Transgender Female  Transgender Male

### Race:

White  Black or African American  American Indian and Alaska Native  
 Asian  Native Hawaiian or Other Pacific Islander

### Ethnicity:

Hispanic or Latino  Not Hispanic or Latino

### Do you have any of the following?

Medi-Cal  Medicare  Neither

## Emergency & Care Attendant Information

### Emergency Contact Information:

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

### Verification of Personal Care Attendant:

I certify that due to my disability, I require the service of a personal care attendant to assist me on a regular basis and travel with me on the shuttle. I understand that fraudulently claiming to travel with an attendant to avoid paying a fare for a companion may result in suspension of service.

**Attendant Name & Phone Number:** \_\_\_\_\_

**Personal Care Attendant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## Mobility Device Information

### Please select any of the following mobility aids or specialized equipment:

Cane:  Walker:  Manual Wheel Chair:  Electric Wheel Chair:   
Portable Oxygen Tank:  Service Animal:  Electric Scooter:   
Other: \_\_\_\_\_

I understand and acknowledge that my mobility device is within the maximum limits of 42 inches in length, 30 inches in width, and a weight of less than 600 pounds.

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

## City of San Pablo Waiver

I, the undersigned, certify that I am at least 18 years old; I am in good physical condition and have not been advised otherwise by any qualified medical practitioner; I have sufficient training to participate in the activities of the Program indicated above; I have sufficient knowledge of the related equipment; and I voluntarily wish to participate in the Program.

I understand that serious accidents occasionally occur during these activities and that participants in these activities occasionally sustain serious personal injuries, death, and property damage. I understand that the risks involved with these activities can include risks from the weather, surface, and environment conditions, equipment conditions, transportation to and from the activities, and interference from nearby activities. I understand that there is a risk of injury from being struck or tripped, or from bodily contact by other participants in this activity or their equipment. I understand that there is a risk of injury to muscles, tendons, ligaments, joints, bones, nerves and other bodily parts and systems from participating in these activities. I understand that there is a risk of infection by any communicable disease, including but not limited to COVID-19. I understand that in addition to these risks, there are unpredictable dangers involved in these activities. Knowing all of these risks, I voluntarily desire to participate in this activity and assume all risks. If I observe any unusual or significant hazard, I will bring it to the attention of the nearest official immediately and remove myself from participation if necessary.

In consideration of my participation in these activities, I voluntarily release the City of San Pablo and its Council Members, Commissioners, officers, employees, volunteers, and agents, and any sponsors or promoters of these activities, from all claims, liability, cost and expense, including attorneys' fees, which I may have or may accrue to me for property damage, injury or death in any way arising from or connected with participation in these activities. This waiver and release apply even if the negligent acts of the released parties caused or contributed to the injury, death, or property damage.

I further agree to hold harmless, indemnify, and defend the City and its officers, employees, volunteers, and agents, from any liability that might arise from their negligence or carelessness, which might otherwise make them liable to me (or my heirs or assigns). This waiver, release and indemnity is binding on my heirs, dependents, executors, administrators, and assigns.

I also understand that I may be photographed or filmed during my participation in these activities. I consent to the use of any photo, video, or film likeness of me for any legitimate purpose by the City of San Pablo, its sponsors, or the promoters of these activities, including but not limited to City publications, newspapers, television, radio, social media, and the internet. I will not receive any compensation for use of these photographs or films.

In the event of injury or illness, I hereby consent to and agree to be responsible for the costs for transportation to a medical facility and whatever examination, procedure or treatment considered necessary by the medical personnel.

I agree to abide by any rules and regulations of the City of San Pablo, County, State, any sponsor or promoter, or any team affiliated with these activities. I acknowledge that I have been provided these rules and regulations, including but not limited to the Community Service Department's Code of Conduct and will abide by them.

**I HAVE READ THIS WAIVER, RELEASE OF LIABILITY, AND ASSUMPTION OF RISK. I FULLY UNDERSTAND IT AND SIGN IT FREELY AND VOLUNTARILY.**

Print Name

Signature

Date