

San Pablo

SENIOR & DISABLED

Transportation

TRANSPORTATION SERVICE

Shuttle Service Hours:

Monday-Friday,
9:00am-3:45pm

Cost:

\$2 (One – Way) Residents

\$4 (One –Way) Non-Residents

- Low-cost service •
- Friendly Staff •
- Convenient •
- Quick & timely Service •

**ALL RIDERS MUST BE
FULLY VACCINATED
TO ENROLL AND USE SERVICE**

Sign up and see if you are eligible for this service, please feel free to request an application in person, by mail, email or visit our website!

San Pablo Senior & Disabled
Transportation Service
is supported by

Contra Costa County Measure J Funds.

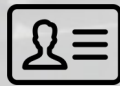
Are you a San Pablo Resident or
live within 94806?

If so, register today!

TRANSPORTATION ELIGIBILITY REQUIREMENT



Applicant are required to a yearly renewal process.



All applicants must be 50 years or older or a person with disabilities.



Must live in San Pablo (Resident) or reside within unincorporated San Pablo (Non-Resident).



Applications must be submitted with verification of address such as government issued ID or a photo ID with a utility bill.

OFFICE LOCATION & CONTACT INFORMATION

Main Office Address:

1943 Church Lane, San Pablo CA. 94806
Office Hours: Monday-Friday, 8:30am - 4:30pm

Main Office Phone Number:

(510) 215-3095

Main Email & Website:

paratransit@sanpabloca.gov
www.sanpabloca.gov/Transportation

EFFECTIVE September 14, 2021

Paratransit Program Participants



Members of the public participating in any City programs:

- 1) **Must show proof of vaccination to City staff before attending any City program** indoors or outdoors.
- 2) All instructors and program participants are **required to wear masks unless actively consuming food or drink** whether the program is indoors or outdoors.



This includes Senior Center Programs, Community Center Programs and Paratransit programs whether indoors or outdoors.

Youth under 12 years of age (or minimum age for vaccinations) and those with a validated medical or religious exemption from COVID-19 vaccination are exempt from this requirement.

Should you have any concerns or questions regarding this information, please contact Transportation Coordinator, Maria Garcia at (510)215-3095, or via email at: paratransit@sanpabloca.gov

Creating Community Through People, Parks & Programs

Main Address: 1943 Church Lane • San Pablo, CA 94806
Mailing Address: 1000 Gateway Avenue • San Pablo, CA 94806
Main: 510-215-3090 • Fax: 510-215-2114
www.SanPabloCA.gov

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 Year: _____
RM Entered Date: _____ MSC Entered Date _____ First time Renewal

If applicant is 18 and older but under 50 years old, it is required to submit a doctor's note verifying medical disability. Please check the box stating you have included the documents with the application.

Check Box if Documents Are Attached

To determine if applicant is a San Pablo resident a photo I.D. or a utility bill with current address is required. Please check the box stating you have included the documents with the application.

Check Box if Documents Are Attached

Applicant Information

Full Name: _____ **Date of Birth:** _____
Last First Middle Initial

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

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 dimension capacity of 42 inches' long, 30 inches' wide and is weight limit 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; have sufficiently trained for participating in the activities for the Program indicated above; have sufficient knowledge of the related equipment; and 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 communication 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 are applicable even though the negligent acts of the released parties may have 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, who through negligence or carelessness might otherwise be 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 to be used for any legitimate purpose by the City of San Pablo or the sponsors and promoters of these activities, including but not limited to City publications, general newspapers, tv, 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 AND RELEASE OF LIABILITY AND ASSUMPTION OF RISK, FULLY UNDERSTAND IT AND SIGN IT FREELY AND VOLUNTARILY.

Print Name

Signature

Date