



Houston LOCAL - Form

Patient instructions for On-Line Mission Requests

MISSION RECORDS

LOCAL HOUSTON ride Request

LOCAL Ride – Key Mission details

Mission Type IN Bound
 OUT Bound
IN Bound is TO the Med Center. OUT Bound is going OUT from Med Center

Mission Date *

We MUST know when you are travelling

PU Place (LOCAL only) * Residence Med Clinic Other
Where are we picking you up ?

Pick Up Time *

Use clock icon to set - time. When do you want to be picked up?

Just checking – AM or PM * AM PM
PLEASE confirm PU Time – AM or PM ?

Patient Traveler Detail

Patient Name *

Patient Mobile# *

Please enter primary contact # for Patient

Patient Email *

HGA WAIVER accepted * No Yes
Patient MUST agree YES to waive all liabilities. WAIVER can be viewed here <https://groundangels.org/about-us/forms-downloads/liability-waiver/>

Permission to use Mission IMAGES No Yes

Patient Age
ONLY needed for minors

Traveling companion NAME

Companion Mobile#
Please provide your Buddy mobile in case we cannot reach you

Relationship

Passengers *
Total number PASSENGERS we need to carry ?

Patient HOME info

City *
Patient HOME City

HOME Zip

Patient HOME Address
For HOUSTON residents only – NOT air travellers

Home near what Cross Streets?
What are the nearest major cross streets?

Pick Up Notes

Med Center detail

Med CLINIC Location (LOCAL only) *
Drop down and SELECT PLEASE first CHECK if your location is in the drop down list. IF NOT – please enter the Street address below.

Special Address

Zip

Med Center Notes
Add any helpful notes here if needed.

- SUBMIT -

LOCAL Ride – Key Mission detail- Are you INBOUND going to Med Center area or OUTBOUND going back to your residence?

Click on the **CALENDAR** and let us know the date you are travelling.

Where are we picking you up?

Allow at least one hour to complete your road journey – **what time** will we pick you up. To be sure - **AM or PM ?**

PATIENT Traveler detail - PLEASE use the same name each time you fill this form. HGA volunteers use your **cell phone #** to contact you – **Texts or calls**. Please **CHECK** it is correct.

Tell us **your email** – our system will send you an “auto” message when your ride is posted for our volunteer drivers to see. Volunteers do not get your email information.

YES - you must agree to our liability waiver.

We only need age if Patient is under 18.

If you have a companion with you – please tell us about them. Companion phone # can be used for contact if we cannot reach the Patient. How many **passengers total ?**

Patient HOME Address info

We need to know – what is your home address – **City, & Zip code** – then we know what area of Houston you live in.

Our volunteers use Google to find your address – but let us know your closest major road intersection.

Notes ? Anything you need to tell us that would be helpful ?

Med Center detail Please scroll down the drop down to identify your Medical Clinic, where we are dropping you or picking you up.

If your Medical clinic location is not in our list – then fill the Address and Zip code so our volunteers know exactly “where to” get you. Volunteers use GOOGLE maps to find you safely and on time.

Notes? Anything you need to tell us that would be helpful ?

Please check over this form before you submit. Our Mission Admin will have to contact you if key detail is missing – which delays listing.

Click the **SUBMIT** button – see the Thank You page. You will get an email with your ride request info – when it is posted OPEN.