

# APPLICATION

**YES**, I am a western Riverside County resident. I want to join **CLUB RIDE!**

**YES**, I am a San Bernardino County resident. I want to join **TEAM RIDE!**

*To process this application, all information and the two required signatures must be completed. You must have been ridesharing to work a minimum of one day per week for the past 3 months.*

## COMMUTER INFORMATION

**COMMUTER NAME** (Please print) \_\_\_\_\_

Home Address \_\_\_\_\_

Mailing Address (if different than home address) \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

E-mail address \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Required as a unique identifier.)  
Month Day Year

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Employer Phone ( ) \_\_\_\_\_

How many continuous months have you been traveling to work in a rideshare mode? \_\_\_\_\_ months

How many miles do you travel one-way from home to work? \_\_\_\_\_ miles

How many minutes does it take you to travel one-way from home to work? \_\_\_\_\_ minutes

How many days per week do you travel to work in a rideshare mode? (Please check one)  1  2  3  4  5

Which rideshare mode do you most often use to travel to work? (Please check one)

Carpool <sup>1</sup>  Public Bus  Bicycle  Telecommute  Buspool  Walk

Vanpool  Commuter Rail  Other: (Please specify) \_\_\_\_\_

<sup>1</sup> If carpooling, you must be riding with at least one other working adult.

**COMMUTER'S SIGNATURE** (Required) \_\_\_\_\_

Date \_\_\_\_\_

## EMPLOYER INFORMATION

*This section must be completed and signed by the commuter's employer representative or designated Employer Transportation Coordinator.*

Employer Representative Name (Please print) \_\_\_\_\_

Title \_\_\_\_\_ Number of employees at this worksite \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

**EMPLOYER REPRESENTATIVE'S SIGNATURE** (Required) \_\_\_\_\_

Date \_\_\_\_\_

This application is confidential. Information is used to provide members with program benefits, information, and to compile a statistical profile of ridesharing commuters in the Inland Empire.

**FOR SIGNATURE, PLEASE SEND FORM TO: RIDESHARE OFFICE, BLDG. 10 or FAX TO: (909) 586-3402**

**COMMUTER'S AND EMPLOYER REPRESENTATIVE'S SIGNATURES  
REQUIRED BEFORE RETURNING**