



EMERGENCY RIDE HOME APPLICATION

Commuter Complete This Side

Name: _____

Employer: _____

Home Address: _____

Department: _____

City: _____ Zip: _____

Phone: Work _____ Home _____

1. How many days per week do you work? _____

3. What is your estimated commute time and mileage?

2. How many days per week do you currently use the following means of travel to and from work?

_____ minutes _____ miles

Drive alone _____ days per week

Bus/Transit _____ days per week

Bike _____ days per week

Other _____ days per week (describe _____)

4. How did you learn about the Emergency Ride Home Program? (Check all that apply)

- Brochure/Flyer
- Friend or Co-Worker
- Employer
- Rideshare Month
- Transportation Coordinator
- Other _____

I, the participant, understand the guidelines of the Emergency Ride Home program and qualify by traveling to and from work at least one day a week by any means other than driving alone, or are signed up for the online ridematching program. Furthermore, I understand that incorrect use of this service may result in my denial of reimbursement and restriction from using this service again.

Participant Signature _____ Date _____

RELEASE AND WAIVER OF LIABILITY

I, the undersigned, recognize that participation in the Emergency Ride Home Program is strictly voluntary and that such participation does not in any manner imply that I am acting in the course and scope of official company or school business, nor does it in any manner establish an employer-employee, school-student, or an agency relationship with the provider.

I, the undersigned, request to register my participation in the Emergency Ride Home Program. I hereby assume full responsibility for liability and all risk of injury or loss, including death, which may result from my participation in this program. I agree to hold harmless, release, waive, forever discharge, and covenant not to sue or bring claim against the Transportation Agency for Monterey County, its officers, agents, and/or employees, including any and all claims and demands whatsoever which the undersigned or any third person, and the representatives thereof have or may have against the said Transportation Agency for Monterey County, its officers, agents, or employees, by reason of any accident, illness, injury, or death, or damage to or loss of destruction of any property arising or resulting directly or indirectly from my participation in the Emergency Ride Home Program and occurring during said participation, or any time subsequent thereto, whether or not such loss, injury or death is caused or alleged to be caused in whole or in part by the negligent acts or omission of the Transportation Agency for Monterey County, their officers, agents, or employees. The terms of this release shall serve as a release and assumption of risks for my heirs, executors, administrators, and for all of my family members.

I, the undersigned, acknowledge that I have read the foregoing two paragraphs and agree to the conditions outlined above.

Participant Signature _____ Date _____



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Employer Complete This Side

Human Resources Manager or Employer Transportation Coordinator: If your worksite has not previously registered with Monterey County Rideshare, please read and complete this entire side of the application. If your worksite is already registered, you need only sign your name and date to acknowledge that the employee named on the other side is eligible to use this program.

EMPLOYER REGISTRATION/VERIFICATION

Employer: _____	Phone: _____
Address: _____	City: _____ Zip: _____
How many employees work at this worksite? _____	

We request registration in order for our employees to participate in the Emergency Ride Home Program offered by Monterey County Rideshare, a program of the Transportation Agency for Monterey County. We have read and understand the program guidelines (see Program Description flyer).

Emergency rides will be authorized by us only to registered employees under the following conditions:

1. The ride is a result of illness, crisis, or unexpected overtime required by their employer on the day of the trip.
2. The employee did not drive alone to work on the day of the emergency ride.

We agree to inform Monterey County Rideshare of any changes in eligible participants on request.

Authorized Employer Representatives

Primary Rep. Name: _____ Phone: _____

Title: _____ Fax: _____

Signature: _____ Date: _____

Additional Rep. Name: _____ Phone: _____

Title: _____ Fax: _____

Signature: _____ Date: _____

Please return the complete form to:
TAMC
55B Plaza Circle, Salinas, CA 93901

Questions?
Call 831.422.POOL
Fax 831.775.0897
Email: theresa@tamcmonterey.org

