

# Rideshare Commuter Application

## Carpools (810) 233-RIDE Vanpools

Instructions: Please complete the following questions and mail application to GCMPC Rideshare office

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone No. ( ) \_\_\_\_\_

Major intersections nearest your home  
\_\_\_\_\_ and \_\_\_\_\_

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

Street Address \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_

Major intersections nearest your work  
\_\_\_\_\_ And \_\_\_\_\_

Circle the Days You Want To Rideshare

Mon    Tue    Wed    Thurs    Fri    Sat    Sun

Arrive at work \_\_\_\_\_ am    \_\_\_\_\_ p.m.

Depart from work \_\_\_\_\_ am    \_\_\_\_\_ p.m.

Check if your hours are flexible by more than  
\_\_\_\_\_ 15 minutes \_\_\_\_\_ 30 minutes \_\_\_\_\_ 1 hour

Which of the following interest you?

\_\_\_\_\_ Carpooling    \_\_\_\_\_ Vanpooling

Do you have a car? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you willing to drive in a carpool? \_\_\_\_\_ Yes \_\_\_\_\_ No

How do you presently get to work?

\_\_\_\_\_ Drive alone \_\_\_\_\_ Bus \_\_\_\_\_ Carpool

\_\_\_\_\_ Vanpool \_\_\_\_\_ Other:

How did you hear about Rideshare? \_\_\_\_\_

### DISCLAIMER:

By signing this application, I fully authority the Genesee County Metropolitan Planning Commission to facilitate the exchange of my name, home telephone number, employer name, employer address, employer phone number, work hours and work days so that carpool/vanpool arrangements can be promoted. Furthermore, I, the applicant, waive and release all rights or claims for damages against said Commission, its employees or agents, related in any way to my participation in the Rideshare program\carpool\vanpool arrangements.

DATE \_\_\_\_\_ Applicant Signature \_\_\_\_\_

This application cannot be processed unless the above disclaimer is signed.