



EMERGENCY GUARANTEED RIDE HOME APPLICATION



Commuter completes this side.

1 Your Name _____ Employer _____
Home Address _____ Department _____
City _____ Zip _____ Phone: Work _____ Home _____

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

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

Drive alone _____ days per week.
Alternative mode _____ days per week.
What alternative(s) do you use?

3. How many days per week do you *plan* to use the following means of travel to and from work?

Drive alone _____ days per week.
Alternative mode _____ days per week.
What alternative(s) do plan to use?

5. What is your estimated one-way commute time _____ and mileage? _____ minutes _____ miles

6. How did you learn about the Emergency Guaranteed Ride Home program? (Check all that apply.)

- Brochure/flyer
- Friend or coworker
- Employer
- Rideshare Week
- Transportation coordinator
- Other _____

I, the participant, understand the guidelines of the Emergency Guaranteed Ride Home program and qualify by traveling to and from work at least one day a week (or one out of five trips to and from work) by any means other than driving alone. 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 _____

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RELEASE AND WAIVER OF LIABILITY

I, the undersigned, recognize that participation in the Emergency Guaranteed Ride Home Program (EGRH) 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 Guaranteed 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 Association of Monterey Bay Area Governments, its officers, agents, and/or employees from 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 Association of Monterey Bay Area Governments, its officers, agents, or employees, by reason of any accident, illness, injury, or death, or damage to or loss or destruction of any property arising or resulting directly or indirectly from my participation in the Emergency Guaranteed 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 Association of Monterey Bay Area Governments, 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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When this side is completed, give this form to your personnel manager or employee transportation coordinator and have them complete the other side.

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Employer completes this side.

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Human Resources Manager or Employer Transportation Coordinator: If your worksite has not previously registered with Commute Alternatives, please read and complete this entire side. 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 Guaranteed Ride Home Program offered by Commute Alternatives, a program of the Association of Monterey Bay Area Governments. 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 Commute Alternatives 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 _____

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Return the completed form to:

Commute Alternatives
P.O. Box 809
Marina, CA 93933

Questions?

Call (831) 422-POOL
Fax (831) 883-3755
Email: rideshare@ambag.org



A program of the Association of
Monterey Bay Area Governments