

# Commute Options Registration

Registration for (check all that apply):  Carpool  Vanpool  Emergency Ride Home\*

\*To be eligible for the Emergency Ride Home Program, you must use a commute option, other than driving alone, at least two days per week and be at least 18 years old. Tampa Bay Area Regional Transportation Authority (TBARTA) reserves the right to refuse or limit participation in this program at any time. The Emergency Ride Home program may be discontinued at any time without notice.

I am eligible for the Emergency Ride Home Program but do not wish to be matched.

**Please Print:**

## APPLICANT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Home Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
City: \_\_\_\_\_ State: **FL** Zip: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
Sex (M/F): \_\_\_\_\_ **Optional:** Cell Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_  
Nearest intersection to your home: \_\_\_\_\_

## WORK INFORMATION

Company Name: \_\_\_\_\_  
Company Street Address: \_\_\_\_\_ Suite #: \_\_\_\_\_  
City: \_\_\_\_\_ State: **FL** Zip: \_\_\_\_\_  
Company Main Phone #: ( ) \_\_\_\_\_ Direct Phone or Extension: \_\_\_\_\_  
Department: \_\_\_\_\_ Mailstop: \_\_\_\_\_  
Nearest Intersection to your workplace: \_\_\_\_\_

**Work Schedule:** Start time: \_\_\_\_\_ AM or PM End time: \_\_\_\_\_ AM or PM  
Work Days (circle all that apply): Mon Tues Wed Thurs Fri Sat Sun  
Can you arrive and/or leave work earlier or later than your scheduled time? (Y/N) \_\_\_\_\_  
If **YES**, check one of the following:  15 min.  30 min.  45 min.

## COMMUTE INFORMATION

**How do you currently get to work (check all that apply):**

Drive Alone \_\_\_\_\_ days per week  Bicycle \_\_\_\_\_ days per week  
 Bus \_\_\_\_\_ days per week  Carpool \_\_\_\_\_ days per week  
 Walk \_\_\_\_\_ days per week  Vanpool \_\_\_\_\_ days per week  
 Telework \_\_\_\_\_ days per week If you carpool or vanpool, with how many other people do you ride? \_\_\_\_  
How long have you been using your current method of commuting? Years: \_\_\_\_\_ Months: \_\_\_\_\_

**For carpooling, I am interested in (check one):**  Driving only  Sharing the drive  Riding only

**For vanpooling, I am interested in (check one):**  Driving only  Being an alternate driver  Riding only

## ADDITIONAL INFORMATION

How did you learn about TBARTA Commuter Services? \_\_\_\_\_  
Would you like to receive TBARTA's Electronic Newsletter? (Y/N): \_\_\_\_\_  
If **YES**, please list your email address: \_\_\_\_\_

3802 Spectrum Boulevard, Suite 306  
Tampa, FL 33612  
Phone: (813) 282-8200  
Toll Free: (800) 998-RIDE (7433)  
Fax: (813) 282-8700  
E-mail: Tampabayrideshare@atlantic.net  
www.TampaBayRideshare.org

Office use only: Date enrolled \_\_\_\_\_ Agency \_\_\_\_\_

Revised: March 2010