

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: _____

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Office use only: Date enrolled _____ Agency _____

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