



**EMERGENCY RIDE HOME PROGRAM REGISTRATION**

I **CURRENTLY** travel to work at least twice weekly by:

Carpool \_\_\_\_\_ NRTA Shuttle \_\_\_\_\_ Vanpool \_\_\_\_\_ Walk \_\_\_\_\_ Bicycle \_\_\_\_\_  
Other \_\_\_\_\_ (describe) \_\_\_\_\_

**NAME** \_\_\_\_\_  Mr  Ms  Dr

**HOME ADDRESS** (no P.O. Box): \_\_\_\_\_ Apt. # \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

**MAILING ADDRESS** (if different from Home Address): \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**EMPLOYER** \_\_\_\_\_

**WORK ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**WORK PHONE** \_\_\_\_\_ ext. \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

Language preference?  English  Spanish

What time do you typically: arrive at work? \_\_\_\_\_:\_\_\_\_\_ am / pm; leave work? \_\_\_\_\_:\_\_\_\_\_ am / pm

How flexible are your arrival/departure times?  15 min  30 min  45 min  1+ hrs  Not at all

\*\*\*\*\*  
I agree that my information will be entered into MassRIDES' Ridematching Database and used to match me with potential carpoolers or vanpoolers, based on their proximity to my home or work address and work schedule. I understand that others will receive similar information regarding my commute choice (excluding my street number) and may contact me to form a carpool or vanpool, and that my information will not be provided to outside marketing agencies. I acknowledge that participation in a carpool or vanpool is an individual decision and that I am responsible for my operation or participation in a carpool or vanpool. I acknowledge that it is my responsibility for determining, from any names provided, the suitability of others to be in a carpool/vanpool with me, including but not limited to background, driving history, and roadworthiness of vehicles. The Massachusetts Highway Department, its contractors, or MassRIDES shall have no responsibility or liability for any claims, expenses, or damages resulting from any individual's participation in a carpool or vanpool. I may choose to be removed from the MassRIDES Ridematching Database at any time upon my request.

\_\_\_\_\_  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**OFC USE:** \_\_\_\_\_ **App #** \_\_\_\_\_ **Co #** \_\_\_\_\_ **Date** \_\_\_\_\_ **CSR** \_\_\_\_\_ **11/05**

**A Service of the Executive Office of Transportation**

Please return completed form to: PO Box 121242 Boston, MA 02112 617.892.6090 (fax)  
1.888.4COMMUTE www.commute.com