



MCCLELLAN PARK COMMUTE PROGRAM EMERGENCY RIDE HOME PROGRAM INFORMATION SURVEY

PERSONAL INFORMATION NOTICE: Pursuant to the Federal Privacy Act (P.L. 93-579) and the information Practices Act of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary **but, to enter** into the carpool program, this information is necessary. The principal purpose of the voluntary information is to promote ridesharing. The failure to provide all or any part of the requested information will exclude applicant from the carpool program. **Disclosure of personal information will be made** to carpool matches and also as permissible under Article 6, section 1798.17 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to your IPA officer.

PLEASE PRINT ALL INFORMATION AND ANSWER ALL QUESTIONS

Your Name: _____ Employer: _____

Home Address: _____ Work Address: _____

City: _____ Zip: _____ City: _____ Zip: _____

1. Work Status? Part-Time* Full-Time *Part-Time: How many days per week do you work? _____

2. How many days per week do you typically use the following means of travel to and from work?
a. drive alone _____ days per week
b. bus or light rail _____ days per week
c. carpool _____ days per week
d. vanpool _____ days per week
e. bicycle _____ days per week
f. walk _____ days per week
g. telecommute _____ days per week
h. other _____ days per week
(please indicate) _____

3. Have you changed how you travel to and from work since you learned about the Emergency Ride Home program?
Yes No

4. Before you learned about the Emergency Ride Home program, how many days per week did you typically:
a. drive alone _____ per week
b. bus or light rail _____ per week
c. carpool _____ per week
d. vanpool _____ per week
e. bicycle _____ days per week
f. walk _____ days per week
g. telecommute _____ days per week
h. other _____ days per week
(please indicate) _____

5. What is the estimated distance from your home to your workplace? _____ miles (ONE WAY)

6. Main travel route (I-80, Hwy 99, Hwy 50, I-5, etc.) _____

7. How did you learn about the Emergency Ride Home program? (Check all that apply).
 program brochure friend or co-worker
 transportation coordinator television, radio, newspaper
 other information provided at work other (please indicate)

I, the participant, understand the guidelines of the Emergency Ride Home program and qualify by traveling to and from work by carpool, vanpool, bus or light rail, bicycle, telecommute or walking. I, on behalf of all my heirs, successors or assigns, hereby release and hold harmless my employer, McClellan Park, the McClellan Park TMA and Alternative Commute Program and/or the Emergency Ride Home program from any liability, claims, and demands of any kind whatsoever, including but not limited to, any liability for personal injury including death, loss, theft or damage to my personal property, loss of income, consequential damages resulting from delays or absence of a taxi or rental car; or termination of the program. Furthermore, I understand that incorrect use of this service may result in my reimbursement of the transportation expenses incurred, and restriction from using this service again.

Participant Signature: _____ Date: _____

Voucher #: _____
rev 09/11/08

*****Please return this survey within five (5) days to the McClellan Park Corporate Office at 3140 Peacekeeper Way or fax to (916)568-2764**

McClellan Park

Transportation Management Association



EMERGENCY RIDE HOME PROGRAM USAGE SURVEY

Please tell us how the Emergency Ride Home program worked for you.

1. Date of Service: _____ Type of Service: _____ Taxi _____ Rental Car _____
(please circle)

2. Why did you need the ride? _____

3. Was the taxi clean? Yes _____ No _____
If no, explain: _____

4. Was the driver or reservation agent courteous? _____

5. Did you have any problem using the program? _____

6. Do you have any additional comments? _____

Employee Name (please print) _____ Today's date: _____

Employer (print) _____

Thank you. Please return this completed survey within 5 days of use:

Fax to McClellan Park TMA: 916.568.2764 Phone: 916.965.7100

The McClellan Park Transportation Management Association is an independent association, dedicated to helping its members' employee use commute alternatives.