



COUNTY OF RIVERSIDE - COMMUTER SERVICES

RIDEMATCH REQUEST FORM

PLEASE PRINT CLEARLY/**REQUIRED FIELDS**

LAST NAME _____ **FIRST NAME** _____ **MI** _____ **EMPLOYEE ID NUMBER** _____

E-MAIL ADDRESS _____

HOME ADDRESS _____ **CITY/ZIP CODE** _____

NEAREST CROSS STREETS (EXAMPLE: PARK AVENUE AND MAIN STREET) _____

CELL/HOME TELEPHONE NUMBER _____ **WORK TELEPHONE NUMBER** _____

DEPARTMENT/AGENCY _____ **DIVISION** _____ **MAIL STOP #** _____

WORK ADDRESS _____ **CITY/ZIP CODE** _____

WHAT ARE YOUR REGULAR WORK HOURS? START TIME _____ am pm

END TIME _____ am pm

Are your regular work hours flexible by 30 minutes before or after your regular work hours? YES NO

If yes, what are the alternate work hours that would work for you? Start: _____ End: _____

Do you have a vehicle to alternate with others to carpool? YES NO

How do you currently travel to work? (drive alone, public transit, etc) _____

Who did you receive this form from? _____

Will you be interested in participating with a County Vehicles (CV) group, if one is available in your route and schedule? YES NO

My signature below acknowledges my home address will remain strictly confidential and will never be shared or released with anyone. By submitting a RideMatch Request Form, I will receive a generated list of interested RideShare participants that live and work in my surrounding area. The generated RideMatch list will also assist me in locating an established County Vehicle (CV) group. It is my responsibility to contact participants from the generated list if I desire to participate in a RideShare arrangement. I understand and acknowledge that participation is voluntary.

ACKNOWLEDGEMENT

Employee Signature

Date