



GROUP AGREEMENT & SCHEDULE – 2019

I. WORK LOCATION(S): _____

WORK HOURS: _____

On _____/_____/_____ we, the participants in **COUNTY VEHICLE (CVXXX)** _____,

agreed to the following time schedule:

II. MORNING PICK-UP LOCATION(S):

*** ARRIVAL**

*** DEPARTURE**

1. _____

_____ am

_____ am

2. _____

_____ am

_____ am

3. _____

_____ am

_____ am

III. AFTERNOON PICK-UP LOCATION(S):

*** ARRIVAL**

*** DEPARTURE**

1. _____

_____ pm

_____ pm

2. _____

_____ pm

_____ pm

3. _____

_____ pm

_____ pm

IV. Each participant in the group who is authorized to drive must participate in the driving rotation in fairness to all members of the County Vehicle group, unless the group has unanimously agreed to a different arrangement. If there is a medical or legal reason a participant cannot drive, please notify Commuter Services in writing immediately. Your signature below accepts the agreed-upon driving responsibility arrangement.

V. MEMBER APPROVAL: (Signature **REQUIRED** from each registered participant; add additional copy of group agreement if there are more than 8 participants in the group.)

PRINT NAME:

SIGNATURE:

1. _____

2. _____

- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____

VI. MAIN CONTACT PERSON (CAPTAIN): _____

CONTACT TELEPHONE NUMBER(S): _____

CONTACT EMAIL ADDRESS): _____

VII. ADDRESS WHERE VEHICLE IS HOUSED IN THE EVENINGS:

***NEW FOR 2019: Please allow for a minimum of 5 minutes between arrival and departure time from your pick up/drop off locations.**

Please return this form ASAP by using one of the following methods: email (icommute@rivco.org) or fax 951/955-1181.

Thank you.

COUNTY VEHICLE (CVXXX) _____