EMERGENCY RIDE HOME PROGRAM 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	NA	ND ANSWER ALL QUESTIONS		
Yc	our Name E	mp	loyer		
Н	ome Address W	Vorl	k Address		
Home City & Zip			Work City & Zip		
1.	Work Status? 🗅 Part Time 🗅 Full Time If Pa	art 1	Γime, how many days per week do y	ou work?	
2.	low many days per week do you typically use the following means of travel to and from work?				
	a. drive alonedays per weekb. bus or light raildays per weekc. carpooldays per weekd. vanpooldays per week	e. f. g. h.	bicycledays per week walkdays per week telecommutedays per week otherdays 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.	low many days per week do you typically use the following means of travel to and from work?				
	c. carpooldays per week	f. g.	bicycledays per week walkdays per week telecommutedays per week otherdays per week (please indicate)		
5.	5. What is the estimated distance from your home to your workplace?miles (ONE WAY				
6.	. Main travel route (l-80, Hwy 99, Hwy 50, l-5, etc.)				
7.	How did you learn about the Emergency Ride Home program? (Check all that apply).				
	 program brochure transportation coordinator other information provided at work 	rk	 friend or co-worker television, radio, newspaper other (please indicate) 		
bu Mo de pro	he participant, understand the guidelines of the Emergency Ride Home s or light rail, bicycle, telecommute or walking. I, on behalf of all my heirs :Clellan Park, the McClellan Park TMA and Alternative Commute Program mands of any kind whatsoever, including but not limited to, any liability operty, loss of income, consequential damages resulting from delays or ore, I understand that incorrect use of this service may result in my reiml	s, su and for p r abs	ccessors or assigns, hereby release and hold h l/or the Emergency Ride Home program from a personal injury including death, loss, theft or c sence of a taxi or rental car; or termination of	narmless my employer, any liability, claims, and lamage to my personal the program. Further-	

PLEASE EMAIL TO: info@mcclellanparktma.org

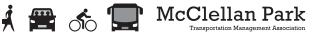
Date

Or Return Completed Form to McClellan Park Corporate Office at 3140 Peacekeeper Way



using this service again.

Participant Signature



Voucher #

3140 Peacekeeper Way McClellan • California 95652 • McClellanParkTMA.org

EMERGENCY RIDE HOME PROGRAM USAGE SURVEY

PLEA	SE PRINT ALL INFORMATION	AND ANSWER ALL QUESTIONS			
PLEASE TELL US F	HOW THE EMERGENCY RID	DE HOME PROGRAM WORKED FOR YOU.			
1. Date of service		Type of service 🛛 Taxi 🖵 Rental Car			
2. Why did you need the ride	?				
If no, explain)			
4. Was the driver or reservation agent courteous?					
5. Did you have any problem using the program?					
	PLEASE F				
Employee Name	Date	Employer			
THANK YOU. PLEASE RETURN THIS COMPLETED SURVEY WITHIN 5 DAYS OF USE. The McClellan Park Transportation Management Association is an independent association, dedicated to helping its members' employee use commute alternatives.					





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