



RIDEMATCHING REGISTRATION

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 Smith College

WORK ADDRESS 30 Belmont Ave.

CITY Northampton STATE MA ZIP 01063

WORK PHONE _____ ext. _____ DEPARTMENT _____

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

How do you CURRENTLY travel to work?

Drive Alone _____ Carpool _____ Bicycle _____ Commuter Bus _____ Commuter Rail _____
Transit _____ Vanpool _____ Walk _____ Commuter Boat _____ Other _____ (describe) _____

Who is your Carpool Partner(s)? _____

Vehicle Information: Plate _____ Year _____ Make _____ Model _____

Which travel option you are **most** interested in?

Carpool ---would you rather be a: Driver Rider Either Vanpool --- would you rather be a: Driver Rider Either
 Transit Commuter Rail Commuter Bus Commuter Boat Bicycle Walk

Please register me for Ridematching

Please send me information on my transit options: _____

I agree that my information will be entered into MassRIDES' Ridematching and/or the Emergency Ride Home (ERH) Database and may be 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, vanpool, or any ERH service is an individual decision and that I am responsible for my operation or participation in a carpool, vanpool, or ERH service. I acknowledge that it is my responsibility for determining, from any commuter or vendor names provided, the suitability of others to be in a carpool/vanpool/ERH ride with me, including but not limited to background, driving history, and roadworthiness of vehicles. The Executive Office of Transportation, Massachusetts Highway Department, its contractors, MassRIDES, or the Federal Highway Administration, shall have no responsibility or liability for any claims, expenses, or damages resulting from any individual's participation in a carpool, vanpool, or ERH service. I may choose to be removed from the MassRIDES Ridematching/ERH Database at any time upon my request.

Signature _____

Date _____

OFC USE: _____ App # _____ Co # _____ Date _____ CSR _____ 10/04

Funded by MassHighway and the Federal Highway Administration.

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