



COUNTY OF RIVERSIDE – HUMAN RESOURCES COMMUTER SERVICES DIVISION

RIDEMATCH REQUEST

PLEASE RETURN TO THE HR COMMUTER SERVICES OFFICE FOR PROCESSING: icommute@rivco.org

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

Do you have flexibility with your regular work schedule 30 minutes before or after? YES NO

If yes, what alternative work schedule would you be willing to consider? Start: _____ End: _____

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

How do you currently commute to work? (Drive alone, public transit, etc.) _____

How did you hear about Commuter Services? _____

If there is a County Vehicles (CV) group that fits your route and schedule, would you be interested in joining the group? YES NO

ACKNOWLEDGEMENT

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.

Employee Signature

Date

HUMAN RESOURCES COMMUTER SERVICES DIVISION USE ONLY

DATE REQUEST RECEIVED: _____

RESPONSE DATE: _____

TOTAL COMMUTERS MATCHED: _____

NOTES: _____