



## Joblink: Rideshare Registration

Print this form, completely fill it out, then fax to: 436-7729

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

### Home Address

Address: \_\_\_\_\_

Apt #: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Nearby Intersection  
(eg State & Main) : \_\_\_\_\_

### Work Address

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suite: \_\_\_\_\_

Department: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Nearby Intersection: \_\_\_\_\_

### Work Schedule

Work Hours: Start:  End:

Flexibility by how many minutes Start:  End:

Work Week:  
(check all that apply)

Monday

Friday

Tuesday

Saturday

Wednesday

Sunday

Thursday

**Matching Preferences**

(check all that apply)

Smoking

Non-smoking

Driver

Rider

Carpool

Vanpool

Bike Buddy

Bus

**Contact Information**

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

I prefer to be contacted by:      Home Phone,      Cell Phone,      Work Phone

Please list any other information that would be helpful in matching, eg; "I only work Mondays & Wednesdays" or "I only need a ride home from work." \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that the above information will be placed in the Citilink Commuter Services database and used to help match me with available public transit options and/or others who are interested in sharing a ride. Only preferred contact information will be provided for matching purposes. The information provided will only be used for this purpose and not published, sold or distributed to any other organization or agency. I am at least 18 years of age or older.