













\$5/Day Rideshare Incentive Application Form

Rideshare (bus, train, vanpool, carpool, bike or walk) to work and you could earn \$125 in gift cards. For a limited time only – the \$5/Day Rideshare Incentive is available to ALL commuters that live or work in Riverside or San Bernardino counties.

To qualify you must rideshare to work a minimum of **five days** a month for **three consecutive months**. See rules and eligibility below for full details.

EMPLOYEE INFORMATION: (Please Print)	EMPLOYER INFORMATION: (Please Print)
One way miles from home to work*	Employer Name*
Date of Birth* / / (Required as a unique identifier)	Address*
Name*	City* Zip*
Home Address*	Employer Representative Name* (Supervisor, Human Resources, or Employer Transportation Coordinator)
City* Zip*	Title*
Home/Mobile Phone* ()	Contact Phone
Work Phone () Ext	Contact Email*
Email Address*	
Were you driving alone to work before enrolling in this incentive program? Which rideshare mode will you use most of the time: □ BUS □ TRAIN □ VANF If you checked carpool, are you in: □ New Carpool □ Existing Carpool No If you checked vanpool, are you in: □ New Vanpool □ Existing Vanpool No Type of Vanpool (check one): □ Leasing Vendor □ Company Owned	POOL □ CARPOOL □ BIKE □ WALK umber of people in your carpool
Adult Carpool or Vanpool Partner(s), please list First & Last Name, Employe	
1 4.	
2 5.	
3 6.	
Are you interested in finding new carpool or vanpool partners? $\ \square$ YES $\ \square$ N	O *Required

RULES & ELIGIBILITY

To be eligible to receive the \$5/Day Rideshare Incentive, hereinafter referred to as INCENTIVE, participants must meet all of the following requirements: Rideshare Participant must be employed by a company registered in the INCENTIVE Program. A rideshare arrangement is defined as use of public bus or commuter rail, vanpool, carpool, biking or walking and for this INCENTIVE Program does not include teleworking. A rideshare arrangement includes working adults only and does not include transporting children to school and/or day care. Rideshare Participant must commute to work on one or more weekdays (i.e., Monday through Friday) to qualify. An INCENTIVE will also be paid for qualifying weekend work trips as long as the participant works on weekend days as part of a regular shift that includes at least one weekday. Participant must use a rideshare arrangement to travel to work a minimum of five days a month for three consecutive months to qualify for the receipt of the INCENTIVE. Rideshare Participant may receive an INCENTIVE of \$5.00 per day for no more than three consecutive calendar months. All incentives shall be provided in the form of gift cards selected by the participating employer. Participants are required to complete a brief survey prior to INCENTIVE disbursement. Online survey link will be emailed to participant at the completion of the 90-day logging period. Rideshare Participant is not eligible for IE Commuter's Rideshare Spotlight Incentive while active in the INCENTIVE Program.

Participation in the \$5/Day INCENTIVE requires that the applicant have an IE Commuter account. The applicant acknowledges and authorizes IE Commuter to use collected data to generate an IE Commuter account for the applicant and to compile a statistical profile of ridesharing commuters in the region. The default IE Commuter account generated is set to NO MATCHING (meaning your name will not appear on any ridematch lists) and NO EMAIL (meaning you will not receive regular IE Commuter mails/newsletters). These default settings may be changed by you at any time simply by logging in to your IE Commuter account at IECommuter.org and updating your profile preferences. Disclosure of information provided in this application shall be made only in accordance with the IECommuter.org Privacy & Terms, a copy of which is available upon request.

PLEASE COMPLETE BOTH SIDES =

















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INSTRUCTIONS: Complete each month's chart daily. At the end of each month, total your rideshare days. After the three months, please verify accuracy of data, sign and date form, and submit to your employer for review and approval. Once form is approved, please send to IE Commuter as instructed below.

Please	use the fo	lowing c	odes to i	ndicate ho	w you c	ommute to	o work ea	ch day:				_	
	P = Public I	Bus R	= Rail	V = Vanp	ool	C = Carpo	ool		EXAMPLE	Date		7	
	B = Bicycle	W	= Walk	DA = Driv	e Alone					7/1	С		
First Mon	ith				-	Total ridesha	are days in	month:			(5 day n	ninimum t	o qualify)
MON	NDAY	TUE	SDAY	WEDN	ESDAY	THUR	SDAY	FR	IDAY	SATU	RDAY	SUN	NDAY
Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode
Second N	/onth				-	Total ridesha	ro dave in	month:			(5 day n	ninimum to	o qualify)
	NDAY	THE	SDAY	WEDN			SDAY		IDAY	CATII	RDAY		NDAY
Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode
													1
													<u> </u>
Third Mo	nth				-	Total ridesha	are days in	month:			(5 day n	ninimum t	o qualify)
MOM	NDAY	TUE	SDAY	WEDN	ESDAY	THUR	SDAY	FRI	IDAY	SATU	RDAY	SUN	IDAY
Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode
													1
I acknowled	edge that I h	ave read a	and underst	and the Sun	nmary of R	ules of Eligi	bility govern	ning the \$5	i/Day Rideshad by the \$5/E	are Incentiv	ve program li	isted on th	ie reverse
understar	nd that any ir	ncentives I	receive fro	m \$5/Day F	Rideshare I	ncentive pro	gram may	be subject	to federal ar	nd state tax	kes and that	any tax lia	ability that
may resul	It is my respo	onsibility.											
EMPLO	YEE SIGN	ATURE_									_ Date	/	/
EMPLO	YER REPI	RESENTA	ATIVE SI	GNATURE		Λ.σ.σ.σ.ν.σ.Ι.σ.σ.	f Camanlat	ad Fames :	and Employ	ra a Elimilai	Date	/	/
(Original	•	,									• /		
	Afte	^r Emplo	yer Re	present	ative ha	as signe	ed and v	erified	all inforr	nation i	s comple	ete,	
		SCa	an form	and em	ail to i ı	ncentiv	es@iec	ommu	ter.org	or send	l to:		
		ΙE	Comm	uter, P.0	O. Box	10431	San Be	rnardir	no, CA 9	2423-0	431		
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I/a a a d							100-0-	IFO		/D: da el	O U	li odok 6	الماماما
Reep IC	ogging yo	ur trips i	or a cha	nce to Wi	n a prize	worth \$	Tuu. See	TECom_	muter.org	J/Ridesi	iareSpot	iignt for	details.
Office Use	Only: Number	er of Ridesh	nare Davs		Gift	Card Type	P	avment Am	ount	Pavma	ent Date		
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