

BNL Rideshare Registration Form

Your Name: _____ Life No.: _____
Department or Division: _____ Building No.: _____
Work Phone Ext.: _____ Home Address (Town Only): _____
Lab E-Mail Address: _____

1. How many days per week do you typically use the following means of travel to and from work?

- a. Carpool _____ days per week
b. Vanpool _____ days per week

2. What is the distance (in miles) from your home to BNL?
_____ miles

3. Please provide the names and phone numbers of your rideshare partners.

Name(s)	Work Phone Ext.
_____	_____
_____	_____
_____	_____
_____	_____

4. If you are the carpool/vanpool driver, would you be willing to give another employee who lives near you a ride home if the driver of his carpool was forced to work late or left early due to an emergency?

____ Yes ____ No

If you can provide a ride, what is your normal departure time? ____ p.m.

I understand the guidelines of the Guaranteed Ride Service that qualify me by traveling to and from work by carpooling or vanpooling. Should my use of the service be deemed inappropriate, I agree to reimburse the cost of the taxi within 5 (five) working days. I am aware that this is the only form that will properly register me to use the service. The service is only responsible for the guaranteed ride trip. I hereby release BNL and LITM from any liability, claims, and demands arising out of my use of this service, including personal injury, loss, theft, or damage to my personal property, loss of income, consequential damage resulting from delays or absence of a taxi, or termination of the service. I also understand that BNL and LITM reserve the right to discontinue this service without notice and for any reason. Finally, I understand that I must use the authorized taxi provider.

Your Signature: _____ Date: _____

BNL ETC Signature: _____ Date: _____

Return form to: Jeff Williams in Building 120 or email to jwilliams@bnl.gov

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