

Measure C Vanpool Incentive Program - Passenger Application - *Please Print*

For new vanpools, please have each vanpool participant complete this form, and submit them all with the vanpool's completed "Measure C Commuter Vanpool Request for Subsidies/Reimbursements"

Vanpool Member's Name

Home Address (P.O. Box not accepted)

Home City

Home Zip

Home Phone

Work Phone

Company Name

Work Address

Work City

Work Zip

Work/Cell Phone

What is the one-way mileage from your home to your worksite

What is the one-way mileage from your home to the vanpool pick-up location?

How did you hear about this incentive program?

Have you been a member of a different vanpool within the last six months?

YES NO

If yes, why did you leave the vanpool?

Are you currently registered in the Valleyrides datatbase?

YES NO

Are you joining a new or existing vanpool?

New Existing

Will you be the primary driver, alternate driver or passenger?

Primary Driver Alternate Driver Passenger

How did you get to work before you joined a vanpool?

Drove Alone Carpool Public Transit Other, specify:

Name of registered Vanpool Driver or Coordinator

Signature of Vanpool Driver or Coordinator

Phone number of Vanpool Driver or Coordinator

Are you eligible for any other vanpool subsidies or reimbursements? YES NO

Are you receiving any other vanpool subsidies or reimbursements? YES NO

I hereby declare the above information to be true to the best of my knowledge and understand that falsifying information can result in disqualification from the Measure C Vanpool Incentive Program. I also understand that any funds I receive may be taxable under federal Law.

Vanpool Member Signature:

Date:

Release and Waiver of Liability

I, the undersigned, recognize that participation in the Measure C Vanpool Incentive Program is strictly voluntary and that such participation is not within the course and scope of my employment. I, the undersigned request to register my participation in the Measure C Vanpool Incentive Program. I hereby assume full responsibility for all risk of injury and loss, including death, which may result from my participation in the program. I agree to hold harmless, release, waive, forever discharge, and covenant not to bring suit or claim against the Council of Fresno County Governments, Fresno County Transportation Authority or their respective officers, agents, and/or employees from any and all claims and demands which the undersigned may have against the Council of Fresno County Governments, Fresno County Transportation Authority or their officers, agents, or employees, by reason of an accident, illness, injury, or death, or damage to or loss of or destruction of any property arising or resulting directly from my participation in the Measure C Vanpool Incentive Program and occurring during such participation, or any time subsequent thereto, whether or not such loss, injury, or death is caused or alleged to be caused in whole or in part by the negligent acts or omissions of the Council of Fresno County Governments, Fresno County Transportation Authority or their officers, agents or employees. The terms of this release are binding on my heirs, executors, administrators, and for all of my family members as well as myself.

I have read the foregoing paragraph and fully understand the terms contained therein and sign this waiver freely and without inducement.

Vanpool Member Signature:

Date:

The Release and Waiver of Liability must be on file prior to participation in the Measure C Vanpool Incentive Program. Return the complete form(s) to:

**Fresno COG
2035 Tulare Street, Suite 201
Fresno, CA 93721**