

Rideshare Matching Application



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Please tell us about yourself and your travel patterns so that we can match you with others with similar commutes who also wish to rideshare. By completing this ridesharing application, you are under no obligation to join any ridesharing arrangement. No fees will be charged to you by BRACS and all information given by you will be confidential. Please print clearly or type. Fill out completely. BRACS does not certify the character of ridesharing participants. Please screen referrals.

Home Info

Name: _____ Date: _____
Home Address: _____
Mailing Address (if different): _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Parish: _____
Home E-Mail Address: _____
Major Intersection Nearest Your Home: _____
Location Commuting From (if different from address): _____

Work Info

Company Name: _____
Work Address: _____ Name of Bldg.: _____
Mailing Address (if different): _____
City: _____ State: _____ Zip: _____
Work Phone: _____ Parish: _____
Work E-Mail Address: _____
Major Intersection Nearest Your Work: _____
Work Days (check all that apply): Sun Mon Tue Wed Thu Fri Sat
Work Hours: Starting _____ AM/PM Ending _____ AM/PM
Are your work hours flexible by at least 15 minutes? Yes No
Are your work hours flexible by 30 minutes or more? Yes No
How do you usually get to work now? (check only one): Drive Alone Carpool
Vanpool Bus Walk Bicycle Motorcycle Other _____
How long is your usual commute? (one way): _____ miles and _____ minutes

Preferences

Do you prefer to be called at: Work Home Either
Do you prefer to: Share the Driving Drive Only Ride Only
Do you prefer: Smoking Non-smoking Either

Are you a vanpool driver looking for new riders: Yes No

Send application to:

**Ridesharing Coordinator
Capital Region Planning Commission
P.O. Box 3355
Baton Rouge, LA 70821
(Phone: 344-7433 or FAX: 383-3804)**