



OCTA VANPOOL PROGRAM APPLICATION

Please complete the entire application including passenger information to be considered for enrollment in the program.

Date:	Date Received by OCTA: _____ Entered By: _____
Primary Driver's Information	Name: _____
Home Address:	County: _____
City: _____ Zip: _____	
Home Phone: () -	Cellular Phone: () -
Employer Name:	Work Phone: () -
Work Address:	County: _____
City: _____ Zip: _____	
Enter the number of days per week the van will be used to commute to work:	Enter the number of miles you commute each day:
Enter your total commute time from home to work in the vanpool each day in minutes:	Enter your total commute time in the vanpool from work to home each day in minutes:
Enter your normal work hours: From: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM To : _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	Check your normal work days: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> SU
How do you currently commute to work now? <input type="checkbox"/> Drive Alone <input type="checkbox"/> Bus <input type="checkbox"/> Metrolink <input type="checkbox"/> Carpool <input type="checkbox"/> Vanpool <input type="checkbox"/> Bicycle <input type="checkbox"/> Other (please describe): _____	How did you hear about the OCTA Vanpool Program? (Please mark all that apply.) <input type="checkbox"/> Employer <input type="checkbox"/> Vanpool Company <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Internet <input type="checkbox"/> Newspaper <input type="checkbox"/> Other (please describe): _____
Contact Information <i>(Complete if Primary Driver is NOT the contact for the vanpool.)</i>	Whom should OCTA contact about this vanpool?
Contact Phone: () -	Email Address: _____
<p>By submitting this Application, if the vanpool is approved for the OCTA Vanpool Program, I agree that this information may be entered into the RideMatch.info regional rideshare database. I understand that the information I provide will only be used for the purpose of generating lists of interested riders and that those individuals who receive my contact information WILL NOT be provided my home address.</p> <p>I acknowledge that participation in a vanpool is an individual decision and that I am responsible for my operation of, or participation in a rideshare arrangement. I understand that this website's sponsoring agencies shall have no responsibility or liability for any claims, expenses or damages resulting from any individual's participation in a vanpool.</p>	
Signature: _____	Date: _____

OCTA Contact Information: OCTA Vanpool Program
 PO Box 14184
 Orange, CA 92863
 Tel. 714.560.5893
 Fax. 714.560.5795
 Email: vanpool@octa.net

Passenger Information

The following list must be completed and updated as changes occur. You will be required to submit passenger information logs monthly and maintain a 60% ridership level to continue to receive the OCTA subsidy. Please print all passengers' names, contact information and the miles each passenger will commute in the van, each way.

Name	Daytime Phone	Pick Up Point Address or Cross Streets	Pick Up Point City	Daily Miles Traveled in van to Work	Daily Miles Traveled in van to Home	Email Address
1.	()					
2.	()					
3.	()					
4.	()					
5.	()					
6.	()					
7.	()					
8.	()					
9.	()					
10.	()					
11.	()					
12.	()					
13.	()					
14.	()					
15.	()					
16.	()					
17.	()					
18.	()					
19.	()					
20.	()					
21.	()					

Reminder: A completed, signed Participation Agreement is required from each passenger.

