



2006 - 2007 Bicyclist / Pedestrian / Motorized Cycle Users Form for Emory University / Emory Healthcare Employees

Complete this form if your principal mode of commuting to Emory is bicycling, walking, or motorized cycling. Please allow five business days to process this application. Please complete reverse side to register for Guaranteed Ride Home program.

CHECK ONE

- New applicant for the Bicyclist Program. Complete entire form.
Current participant in the Bicyclist Program changing/ updating information previously provided. Complete box one (1) and any other box in which information is changing.

1. REGISTRATION INFORMATION Please print.

NAME LAST FIRST M.I.
EMORY ID NUMBER* SOCIAL SECURITY NUMBER
WORK LOCATION
DEPARTMENT

*Your Emory ID Number, a 7-digit number, is located on your payroll check form.

2. ADDRESS INFORMATION Please print.

HOME ADDRESS
CITY STATE ZIP
EMAIL ADDRESS
OFFICE PHONE HOME PHONE

3. PARKING ACCOMMODATION

Is disability parking accommodation needed?
Yes No
Parking accommodations may be available once the registration process is completed with the Office of Disability Services (ODS) for persons with a documentable disability or chronic medical condition.
For Emory system employees, both the Emory and current state-issued accessible hangtags are required.
For more information, please contact ODS at 404.727.6016 or 404.712.2049 (TTY/TDD).

4. EMPLOYMENT INFORMATION

- Emory University Employee
Faculty Staff Principal
Resident Other
Emory Temp Services
Emory Hospital Employee
Principal Staff
Other
The Emory Clinic Employee
Principal Staff

5. STATUS

- Full Time Regular Temporary
Part Time (20+ hours per week) Regular Temporary
Part Time (fewer than 20 hours per week) Regular Temporary

6. OPTIONS

- Please register me for Guaranteed Ride Home. (See back.)
I am interested in being ridematched for car/vanpooling. (See back.)
* Only employees working along the main campus (Clifton Corridor) are eligible.

7. WORK LOCATION

- Main Campus (Clifton Corridor)
Off Campus (list work location)

9. MY PREVIOUS MODE OF TRANSPORTATION WAS:

- Drove single-occupancy vehicle. (Current parking hang tag must be submitted to the Parking Office to receive a value pass.)
Carpooled Vanpooled Bicycled
Walked MARTA
Other (Explain)

8. ALTERNATE VALUE PASS

- My desired value pass access is:
Michael St. Deck
Clairmont Campus Deck
Peavine Deck
* Off campus not eligible for Value Pass



10. I UNDERSTAND THAT: (Please initial all instructions and sign below.)

- I am committing to using an alternative mode of transportation (i.e., bicycle, walk, motorcycle, scooter, etc.) as my primary mode of transportation to and from work.
I must register my car to receive a value pass for the times I must drive to campus. The value pass will allow me to park at my assigned deck twelve times during the parking year. If I need to drive more often, I may purchase an additional value pass.*
My signature verifies that the information provided above is correct. I understand that it is my responsibility to obtain/read the parking rules and regulations. I furthermore agree to abide by the regulations whenever I bring a vehicle to the Emory campus and will immediately report when I no longer use an approved form of alternate transportation to and from work.

SIGNATURE
DATE

* Current automobile registration and driver's license must be submitted to obtain a value pass hangtag.

Ridematch Application / Guaranteed Ride Home Registration

You may submit your information below or electronically at www.187ridefind.com to receive an immediate ridematch list and/or to register for the Guaranteed Ride Home program.
For GRH only, complete 1, 2, 3, 5, 6, 7, 8, 9, 13, 17

- 1) **First name** _____ **Middle initial** _____
Last name _____
- 2) **Home address**, or origination point. (no P.O. Box) _____ Apt.# _____
City _____ State _____ Zip _____
- 3) **Closest intersection** (two streets) _____
- 4) **Mailing address** (if different from above) _____ Apt.# _____
City _____ State _____ Zip _____
- 5) **Home phone** (confidential) _____ Cell phone _____
- 6) **Employer** _____
- 7) **Employer address** _____
Office complex _____ Building _____ Site _____
- 8) **Work phone** _____ Extension _____
- 9) **Email address** _____
- 10) I prefer to be contacted at: work home email*
- 11) Arrive at work _____ a.m. p.m. Leave work _____ a.m. p.m.
- 12) Are your hours flexible? 15 min. 30 min. 45 min. 60 min. Not flexible
- 13) **I am interested in:** carpool match vanpool match Guaranteed Ride Home Program
- 14) In a carpool, I prefer to be a: Driver Rider Either
- 15) If driver do you have a car? Yes No
- 16) In a vanpool, I prefer to be a: Driver Rider Either
- 17) **Usual mode of transportation to work?**
 Carpool Vanpool MARTA bus
 MARTA rail CCT bus Walk
 Bicycle Telework Drive alone

GUARANTEED RIDE HOME (GRH) PROGRAM

- I already carpool, vanpool, walk, bike, or take transit to/from work. Sign me up for the **Guaranteed Ride Home Program** (your employer must be a participant for you to be registered).

OFFICE USE ONLY

Work Status	Previous Status	Deck/lot location
<input type="checkbox"/> Regular FT/PT (20+ hours) <input type="checkbox"/> FT Temp	<input type="checkbox"/> New <input type="checkbox"/> Renewal	_____
<input type="checkbox"/> PT Regular (fewer than 20 hours)/ PT Temp	<input type="checkbox"/> Returned permit on ___/___/___	_____
<input type="checkbox"/> Ineligible	<input type="checkbox"/> Returned permit # _____	Value pass # _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	Payment amount _____
Must provide original or copy of:	Verified By/Date _____	_____
Vehicle registration _____	_____	Initials _____ Date _____
Driver's license (State/#/Exp.) _____	_____	_____