

RULES OF ELIGIBILITY & PROGRAM GUIDELINES

1. Commuters must live or work in Jefferson and Shelby Counties.
2. Must submit your signed application to CommuteSmart via fax or mail.
3. Each individual commuter must register separately in Commuter Club.
4. Individuals must commute to work on one or more weekdays (i.e., Monday through Friday) to qualify. Weekend work commutes qualify as long as the commuters work on weekends as part of a regular shift that includes at least one weekday.
5. CommuteSmart has the right to terminate this program with or without notice at any time for any reason.
6. Participants must use a qualified alternative commute mode (carpool, transit, telework, bicycle or walk) to travel to work a minimum of 20 days during the quarter.
7. Commuters in vanpools are not eligible.

SUBMIT APPLICATION

1. Commuters already registered in the Commuter Club do NOT need to register again as long as they were the main contact for the carpool, but we will need to get the contact information for each member of the carpool.
2. Once we receive your paper application, you will automatically be entered into the ridematching database.
3. Completed application (with signatures) must be faxed (**205.264.8449**) or mailed to:
CommuteSmart
1731 First Avenue North, Suite 200
Birmingham, AL 35203

COMPLETE MODE TRACKING FORM & EARN MONEY

1. All commute trips must be recorded (logged) on paper or online at commutesmart.org/birmingham.
2. In order to participate, all commuters must submit their reporting system.
3. Commuters can use different alternative modes on different days (e.g., transit on some days, carpooling on others).
4. Online logging and paper tracking forms must be received by CommuteSmart within 10 days following the last day of the month. All of the information I supply to CommuteSmart will be correct, current, and complete, or my participation in the program could be rejected, or incentives withheld.
5. Upon acceptance into the CommuteSmart Commuter Club program, all members will receive a notification email with information on how to track their commute. Participants must use a qualified alternative commute mode (carpool, transit, telework, bicycle or walk) to travel to work a minimum of 20 days during the quarter.
6. Each commuter is responsible for ensuring that their commute is logged online or sent to CommuteSmart. Failure to do so will result in commute days not being counted towards a quarterly incentive.

APPLICANT INFORMATION

First Name: _____ Last Name: _____ M.I.: _____

Address: _____ City: _____ State: ____ ZIP: _____ County: _____
(no P.O. boxes)

Home #: _____ Work #: _____ Email: _____
(required to track commutes online)

Closest Intersection to Home: _____

Work Hours: _____ AM PM _____ AM PM One-way miles from home to work: _____
START STOP

Gender (circle one): Male / Female Age (circle one): *Under 18 18-24 25-34 35-44 45-54 55+*

How did you hear about the COMMUTER CLUB program? (circle one):
Radio TV Print Web/Email Co-Worker Mail At Work Event Other: _____

In the past 30 days, how many days have you used a mode other than Drive Alone to travel to work?:
0 days 1-3 days 4-7 days 8-11 days 12+ days

Circle all modes you plan to use to travel to work during your participation in the Commuter Club program:
Drive Alone Carpool Bus Walk Bicycle Telework

Carpool partner 1: Name: _____ Phone/email: _____

Carpool partner 2: Name: _____ Phone/email: _____

Carpool partner 3: Name: _____ Phone/email: _____

YOUR WORK MAILING ADDRESS

ALL materials, including checks, MUST be mailed to your work address, so please provide an accurate mailing address.

Company: _____ Work Mailing Address: _____
(no P.O. boxes - address needed to map the location)

Suite/Dept/MS: _____ City: _____ State: ____ ZIP: _____ County: _____

SUPERVISOR INFORMATION

Information to be completed by applicant's supervisor

Supervisor Name - First: _____ Last: _____ M.I.: _____

Work #: _____ Email: _____

By signing below, I verify that I have read and agree to the following statements:

- ▶ The above applicant is an employee under my supervision.
- ▶ I have read the Program Requirements for the Commuter Club program, and the above applicant is eligible to participate.

Supervisor Signature **(Required)** X: _____ Date: _____

Applicant Signature **(Required)** X: _____ Date: _____