









Earn \$2/Day in Gift Card Incentives by Ridesharing!

To qualify you must currently commute alone and begin ridesharing (carpool, vanpool, take the train or bus, bike, walk, or telecommute) to work a minimum of five days a month for three consecutive months and be a resident of Western Riverside County or San Bernardino County. See rules and eligibility below for full details.

To apply, complete this application form or apply online at **IECommuter.org**

EMPLOYEE INFORMATION: (Please Print)	EMPLOYER INFORMATION: (Please Print)
One way miles from home to work	Employer Name
Date of Birth / / (Required as a unique identifier)	Address
Name	City Zip Employer Representative Name* *Supervisor, Human Resources, or Employer Transportation Coordinator Title Contact Phone Contact FAX Contact Email
Which rideshare mode will you use most of the time: ☐ BUS ☐ TRAIN ☐ BICYON If you checked carpool, are you in: ☐ New Carpool ☐ Existing Carpool Number of the time: ☐ BUS ☐ TRAIN ☐ BICYON IT YOU CHECKED WITH A PROPERTY OF THE PROPERTY OF	Commuter no later than six months from the date you started CLE
36.	
Interested in finding new carpool or vanpool partners? ☐ YES ☐ NO	

RULES & ELIGIBILITY

To be eligible to receive the \$2/Day Rideshare Incentive, hereinafter referred to as INCENTIVE, participants must meet all of the following requirements: Rideshare Participant must live in San Bernardino County or Western Riverside County. Rideshare Participant must be employed by a company registered in the INCENTIVE Program. Participant must be currently driving alone. Participant may not have been in a rideshare arrangement for the last 90 days prior to enrollment in INCENTIVE Program. A rideshare arrangement is defined as a carpool, buspool, vanpool, use of public bus or commuter rail, walking, bicycling or telecommuting. Rideshare participant may not have received, within six months prior to enrollment in the INCENTIVE Program, any incentive (including Rideshare Plus) from RCTC's or SANBAG's Commuter Benefits Program or any other commuter assistance program operated or funded by a public agency. If a rideshare participant received an INCENTIVE more than six months ago, the rideshare participant may receive an INCENTIVE only if the INCENTIVE is for a different commute mode. Rideshare Participant may receive an INCENTIVE of \$2.00 per day for no more than three consecutive calendar months. All incentives shall be provided in the form of gift cards selected by the participating employer. A rideshare arrangement includes working adults only and does not include transporting children to school and/or day care. Rideshare Participant must commute to work on one or more weekdays (i.e., Monday through Friday) to qualify. An INCENTIVE will also be paid for qualifying weekend work trips as long as the participant works on weekend days as part of a regular shift that includes at least one weekday. Participant must use a rideshare arrangement to travel to work a minimum of five days a month to qualify for the receipt of the INCENTIVE.

Participation in the \$2/Day Incentive requires that the applicant have an IE Commuter account. The applicant acknowledges and authorizes IE Commuter to use collected data to generate an IE Commuter account for the applicant and to compile a statistical profile of ridesharing commuters in the region. The default IE Commuter account generated is set to NO MATCHING (meaning your name will not appear on any ridematch lists) and NO EMAIL (meaning you will not receive regular IE Commuter emails/newsletters). These default settings may be changed by you at any time simply by logging in to your IE Commuter account at IECommuter.org and updating your profile preferences. Disclosure of information provided in this application shall be made only in accordance with the IE511.org Privacy Policy, a copy of which is available upon request. Completed applications must be submitted to IE Commuter no later than six months after the date the applicant first becomes eligible to receive the \$2/Day Incentive.

COMPLETE OTHER SIDE -











EXAMPLE:





\$2/Day Incentive Application Form

INSTRUCTIONS:

Complete each month's chart daily. At the end of each month, total your rideshare days. After the three months, please verify accuracy of data, sign and date form, and submit to your employer for review and approval. Once form is approved, please send to IE Commuter as instructed below.

Please use the following codes to indicate how you commute to work each day:

C = Carpool	PB = Pub	iic Bus	R = Rail B = Bicycle				DA = Drive	e Alone		Date	Mode	
V = Vanpool	BP = Buspool W = Walk T = Te		= Telecomi	Telecommute X = Non Rideshare D				7/1	С			
First Month				Т	otal ridesha	are days in	month:			(5 day	minimum to	qualify)
SUNDAY	' MONDAY		TUESDAY			ESDAY			FRIDAY		SATURDAY	
Date Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode
Second Month				Т	otal ridesha	are days in	month:			(5 day	minimum to	qualify)
SUNDAY	MON	NDAY	TUES	SDAY	WEDN	ESDAY	THUR	SDAY	FRI	DAY	SATU	RDAY
Date Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode
Third Month				Т	otal ridesha	are days in	month:			(5 day	minimum to	qualify)
SUNDAY		IDAY	TUES			ESDAY		SDAY		DAY		RDAY
Date Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode
I acknowledge that side of this form, an have not been in a r I receive from \$2/Da	d certify that ideshare arra ay Rideshare	I am eligible angement 90 Incentive p	e to participa O days prior program may	ate in and r to my enrol y be subjec	receive the i Ilment in the et to federal	ncentives p s \$2/Day Ri and state to	provided by deshare Included axes and the	the \$2/Day entive prograt any tax li	Rideshare ram. I furthe ability that	Incentive preser understar may result is	rogram. I ce nd that any i s my respor	ertify that ncentives nsibility.
EMPLOYEE SIG	SNATURE_									Date _	/	/
EMPLOYER RE (Original Signatur	PRESENTA re Only. Sig	ATIVE SIG	GNATURE enotes Rev	iew and A	Approval o	f Complet	ed Form a	nd Emplo	yee Eligib	Date _ ility)	/	_/
Aft		an form	presenta and em uter, P.0	ail to ir	ncentiv	es@ied	ommut	ter.org	or send	to:	lete,	
Complete	d application		,					•			ridesharinç] .
Office Use Only: Nun	nber of Ridesh	nare Days _		Gift	Card Type	P	ayment Amo	unt	Paym	ent Date		