



### CommuteWorks' Emergency Ride Home Confirmation Report

This form must be completed and returned to CommuteWorks within five days of your emergency

**Personal Information:**

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Supervisor: \_\_\_\_\_

**Use of the Emergency Ride Home Program:**

Date of the Emergency Ride Home: \_\_\_\_\_

Cost of the Emergency Ride Home: \_\_\_\_\_

Time of the Emergency Ride Home: \_\_\_\_\_

**Reason for the Emergency Ride Home:**

\_\_\_ Personal Illness; \_\_\_ Family Illness; \_\_\_ Other (specify): \_\_\_\_\_

**How did you commute to work on the day you used the Emergency Ride Home Program?**

\_\_\_ Vanpool; \_\_\_ Carpool; \_\_\_ Transit; \_\_\_ Bike; \_\_\_ Walk/Run;

**Evaluation of the Emergency Ride Home Program:**

**How important is the Emergency Ride Home Program to your decision to use an alternative commuting mode?**

\_\_\_ Very Important; \_\_\_ Important; \_\_\_ Not Important

**How was your experience using this service?**

\_\_\_ Excellent; \_\_\_ Very Good; \_\_\_ Good; \_\_\_ Fair; \_\_\_ Poor

**Comments:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_

or

**Employee Transportation Advisor's Signature:** \_\_\_\_\_

**\*Please mail, fax, or email completed form within five days to CommuteWorks:**

**Mail: 375 Longwood Avenue, 5<sup>th</sup> Floor, Boston, MA 02215**

**Fax: 617-632-2779**

**Email: [commuteworks@masco.harvard.edu](mailto:commuteworks@masco.harvard.edu)**