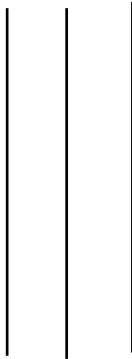




**HART Commuter Information Services**  
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# Carpooling

A greener commute



Available to all  
**Hunterdon County bound** Carpoolers  
**FREE** of charge.

# Carpooling: A Greener Commute

## Share your daily commute and save!

Carpooling is a fast and easy way to reduce your commuting costs by 50 percent or more.

## Reduce your carbon footprint!

For each gallon of gas a car burns, it emits about 20 pounds of carbon dioxide. Carpool just a few days a week and you can significantly reduce the amount of harmful greenhouse gases released into the atmosphere.



Here are even more reasons to carpool:



### "Test Drive A Carpool"

Start a new carpool, share a ride at least 3 days a week over 2 months and you'll be rewarded with a pre-paid gas card\*.

### "Go Green, Save Green"

Registered carpoolers are eligible to receive discounts at local retailers, restaurants and services.

### Carpool Referral Program

Rewards carpoolers who refer others to carpool to work with a pre-paid gas card\*.

### Carpool Rider Bonus Program

Add riders to your carpool and enjoy the added benefit of a pre-paid gas card\* for each new rider.

### Emergency Ride Home

No need to worry about getting home if you carpool. If you or your carpool mate(s) must leave early/stay late, or have an unexpected emergency, HART will subsidize the cost of a rental car or driving service to get you home.

\* Restrictions apply. Value and availability of pre-paid gas cards subject to change.

Register your carpool using the form below or visit the HART website to register online, [www.hartma.com](http://www.hartma.com)

## CARPOOL COORDINATOR

Gender  M  F

(Any correspondence will be sent to the coordinator on behalf of the entire carpool)

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

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

Home Street Address (no PO boxes, please): \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

City | State | Zip: \_\_\_\_\_

Phone: \_\_\_\_\_  Home  
 Work  
 Cell

Employer | Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City | State | Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

E-mail REQUIRED: \_\_\_\_\_

Work Start Time: _____	Work End Time: _____	#Days Carpool / week: _____
:__am/pm	:__am/pm	

## CARPOOLER 2

Gender  M  F

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

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

Home Street Address (no PO boxes, please): \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

City | State | Zip: \_\_\_\_\_

Phone: \_\_\_\_\_  Home  
 Work  
 Cell

Employer | Company Name: \_\_\_\_\_

E-mail REQUIRED: \_\_\_\_\_

## CARPOOLER 3

Gender  M  F

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

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

Home Street Address (no PO boxes, please): \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

City | State | Zip: \_\_\_\_\_

Phone: \_\_\_\_\_  Home  
 Work  
 Cell

Employer | Company Name: \_\_\_\_\_

E-mail REQUIRED: \_\_\_\_\_

## CARPOOLER 4 \*

Gender  M  F

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

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

Home Street Address (no PO boxes, please): \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

City | State | Zip: \_\_\_\_\_

Phone: \_\_\_\_\_  Home  
 Work  
 Cell

Employer | Company Name: \_\_\_\_\_

E-mail REQUIRED: \_\_\_\_\_

\* Attach separate paper if additional riders

We are willing to accept additional riders in our carpool.

Carpool referred by \_\_\_\_\_

### PARTICIPATION AGREEMENT

HART reserves the right to verify carpool activity through random checks at commuter worksites. Any fraudulent use of the program will result in immediate dismissal of the carpool from the program and voids provision of any or all program incentives.

I understand that my participation in a carpool is voluntary. In consideration of registration in the program, I waive, release, and discharge HART Commuter Information Services from any incident that may arise from my participation in the carpool.

This waiver, release and discharge, extends to all members of HART Board of Directors, Staff, Members, and Associates of HART.

# HART's Emergency Ride Home

HART's Emergency Ride Home offers carpoolers a "way home" in the event of an emergency.

### ELIGIBILITY

The **Emergency Ride Home Program (ERH)** is offered to carpoolers enrolled in HART's **ERH Program**. Commuters must carpool at least twice a week to be eligible.

### CRITERIA FOR USE

**Medical Emergency:** The commuter, their carpool mate, or family member has a medical emergency that requires the commuter to leave work early.

**Overtime Work:** The commuter or their carpool mate must work late **unexpectedly**.

Any other reason for use of the service must be pre-approved by HART.

### PROGRAM REGULATIONS

Emergency Ride Home is limited to a **maximum of four (4) per year per commuter**. There is no "carry over" of benefit from year to year for unused rides.

Emergency Ride Home rental vehicles are provided by Enterprise Rent-A-Car. HART pays the cost of the rental of the **ERH** program car. The vehicles have been pre-arranged, at a fixed rental cost, as **ERH** program cars. If a commuter is unable to drive or a rental vehicle is unavailable, HART will pay up to \$50 toward the cost of a taxi or driving service.

I have read the participation agreement and ERH enrollment and by my signature below agree to the terms and conditions.

CARPOOL COORDINATOR Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CARPOOLER 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CARPOOLER 3 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CARPOOLER 4 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tear at perforation, fold and tape prior to mailing.