



EMPLOYER REGISTRATION FORM

On behalf of our employees, my organization would like to participate in the Alameda County Guaranteed Ride Home Program. I agree to abide by the policies of this program and inform our employees of the proper use of this service.

I understand that the Alameda County Transportation Commission (ACTC) has made arrangements with outside transportation vendors. Neither the ACTC nor the employer is responsible for the actual service provided.

I understand that by participating, my organization agrees to provide a “contact person” who will be responsible for:

- Informing employees about the program
- Providing employees with registration forms when requested
- Providing unregistered employees with emergency vouchers when necessary
- Assisting with the annual program evaluation

Contact Person for Program _____

Title _____

Employer Name _____

Employer Address _____

Address

City

State

ZIP

Business Park (if any) _____

Phone Number (_____) _____ Fax (_____) _____

Email _____

Approximate number of employees at worksite: _____

How did you find out about the Guaranteed Ride Home Program? _____

Signature _____ Date _____

Please fax or mail this registration form to: **Alameda County Guaranteed Ride Home Program**
c/o Nelson\Nygaard Consulting Associates
116 New Montgomery Street, Suite 500
San Francisco, CA 94105
FAX (415) 284-1554