



## Emergency Ride Home Participant's Agreement

I have read and understand the *Policies and Procedures* of the **Emergency Ride Home** service and agree to participate in the service according to these rules. As a participant, I understand that transportation will be provided by a third party and that my employer or The Junction TMO cannot be held responsible for the performance of the vendor. I assume full responsibility for any risk which may result from participating in the service.

I understand that if I use the Emergency Ride Home service, my **Employee Transportation Advisor** (ETA) may ask me to complete a brief follow-up survey in order to ensure that my travel needs were met and to receive a new voucher for possible future use.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name (print): \_\_\_\_\_

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

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

Town/city: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_

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

Miles from home to work (One way) \_\_\_\_\_

I commute to the Lowell Junction/Ballardvale Street area at least two days a week by the following mode(s):

- Carpool
- Vanpool
- Walk
- Bicycle
- Transit
- Private Bus
- "Call and Commute"
- Company Shuttle

Name(s) and work phone number(s) of other person(s) in your Carpool or Vanpool:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please Mail or Fax to:**

**The Junction TMO Emergency Ride Home Program  
One Burt Road, Andover, MA 01810  
978-247-3100 (phone); 978-247-2440 (fax); sfranzeen@wyeth.com**