

COMMUTER ASSISTANCE APPLICATION

Please Complete and FAX or MAIL to:

VOTRAN (CAP)
950 BIG TREE ROAD
SOUTH DAYTONA, FLORIDA 32119-8815
FAX (386) 756-7487 (386) 761-RIDE x 4149
www.votran.org



Please print

Last Name _____ First Name _____ MI _____

Street Address: _____

City, State, Zip: _____

Home Phone: () _____ Sex (M/F) _____ Do you smoke? (Y/N) _____

Work Phone: () _____ Ext. _____

Major Intersections Nearest to Your Home:

_____ And _____

What County Do You Commute to: Volusia Orange Seminole Brevard

Employer Name: _____

Employer Street Address: _____

City, State, Zip: _____

Employer Phone: () _____

Supervisor Name/Phone: _____ Ext. _____

Major Intersections Nearest to Your Workplace:

_____ And _____

Time Work Begins: _____ A.M./P.M. Time work ends: _____ A.M./P.M.

What Are Your Workdays? (Circle) Sun. Mon. Tues. Wed. Thu. Fri. Sat.

Your Arrival and Departure Times Are Flexible by: (Circle) 0 / 15 / 30 / 45 Minutes

Which Program(s) Are You Applying For: Carpool Vanpool Volusia/Orlando I-4 Express
 I do not wish to be Car/Vanpool ride-matched, but I am applying for the **Guaranteed Ride Home Program**;

At least four days a week I ride a VOTRAN: Vanpool Ride the Volusia/Orl. I-4 Express.

If Carpooling: I am interested in Driving only Passenger only Both

If Vanpooling: I am interested in Being the primary driver Alternate driver Passenger only

Do you: Already have a group together? Need help getting a group together?

If you commute via I-4 would you consider a carpool/vanpool match from Orange City at the:

Saxon Blvd. & I-4 Park & Ride lot Dirksen Dr. & I-4 Park & Ride lot

Where did you hear about these programs? _____

I do hereby authorize VOTRAN to release the above information to prospective match candidates.

Signature _____ Date _____

If you carpool, vanpool or take transit to work you may get a discount on your auto insurance. Call your agent!

For Votran use only- Date Enrolled: _____ Matchlist Required GRH Expiration Date: _____