

RULES OF ELIGIBILITY & PROGRAM GUIDELINES

1. Commuters must live OR work in Delaware.
2. Commuters must submit the completed application before beginning to use an alternative commute mode, and **NOT** have carpooled, taken transit, vanpooled, bicycled, or walked more than **three days** in the last 30 days.
3. Commuters must submit a signed application to RideShare Delaware via email (scan), fax or mail.
4. EACH individual commuter must register separately in "RideShare Rewards" Incentive program.
5. Individuals must commute to work on one or more weekdays (i.e., Monday through Friday) to qualify. Weekend work commutes qualify as long as the commuter works on weekends as part of a regular shift that includes at least one weekday.
6. Commuters who log at least 20 qualified clean commute days over a three-month period can earn a **\$50 gift card**. Carpools are eligible for one gift card per carpooler.
7. Commuters can use different alternative modes on different days (e.g., transit on some days, carpooling on others).
8. Clean Air Council and RideShare Delaware have the right to terminate this program with or without notice at any time for any reason.
9. Any incentives that a commuter receives from the Clean Air Council may be subject to federal and state taxes; any tax liability that may result is solely the commuter's responsibility.
10. Teleworkers/Telecommuters are not eligible.
11. Each commuter can only participate in the pilot RideShare Rewards program *one time*.
12. Employees of DeIDOT or DART First State and their families are not eligible to participate.

SUBMIT APPLICATION

1. The commuter's direct supervisor must confirm employment to participate in the program, indicated by his or her signature on the enrollment form.
2. Once we receive your application, you will be entered into the RideShare Delaware database.
3. Completed application (with signatures) must be submitted one of three ways: emailed (scanned) to ridesharedelaware@gmail.com, faxed to **302-577-6066** or mailed to:

RIDESHARE DELAWARE
119 Lower Beech Street
Wilmington, DE 19805

4. Upon acceptance into the **Clean Air Council/RideShare Delaware's** "RideShare Reward\$" program, all members will receive a notification (via email, phone or mail) with information on how to track their commute. Participants must use a qualified alternative commute mode (carpool, transit, vanpool, bicycle or walk) to travel to work a minimum of 20 days during the three month period.
5. All commute trips must be recorded (logged) on paper or online at: www.RideShareDelaware.org Failure to do so will result in commute days not being counted towards the incentive.
6. Each commuter is responsible for ensuring that their commute is logged online or sent to RideShare Delaware.
7. Online logging and paper tracking forms must be received by RideShare Delaware within 10 days following the last day of the month being tracked. All of the information supplied will be correct, current, and complete, or participation in the program could be rejected, or incentives withheld.

RIDESHARE REWARDS APPLICATION

First Name: _____ Last Name: _____ M.I.: _____

Address: _____ City: _____ State: ___ ZIP: _____ County: _____
(no P.O. boxes)

ALL materials, including gift cards, MUST be mailed to your home address, so please provide an accurate mailing address.

Home #: _____ Work #: _____ Email: _____

Closest Intersection to Home: _____

Work Hours: _____ AM PM _____ AM PM One-way miles from home to work: _____
START STOP

Gender (circle one): Male / Female Age (circle one): *Under 18* 18–24 25–34 35–44 45–54 55+

How did you hear about the RideShare Rewards program? (circle one):
Radio TV Print Web/Email Co-Worker Mail At Work RideShare Event Other: _____

In the past **30 days**, how many days have you **biked, carpoled, ridden transit, vanpooled** or **walked** to work?:
___ *0 days* ___ *1–3 days* ___ *4–7 days* ___ *8–11 days* ___ *12+ days*

Circle all modes you plan to use to travel to work during your participation in the RideShare Rewards program:
Bicycle Carpool Transit Vanpool Walk

Carpool partner 1: Name: _____ Phone/email: _____

Carpool partner 2: Name: _____ Phone/email: _____

Carpool partner 3: Name: _____ Phone/email: _____

YOUR WORK ADDRESS

Company: _____ Work Mailing Address: _____
(no P.O. boxes – address needed to map the location)

Suite/Dept/MS: _____ City: _____ State: ___ ZIP: _____ County: _____

Which type of \$50 gift card would you like to receive after you complete the program? (circle one)
Target WalMart Wawa

* By signing below, I verify that I have read and agree to the condition of the RideShare Reward program:

Applicant Signature (Required) X: _____ **Date:** _____

SUPERVISOR INFORMATION

Information to be completed to confirm commuter's place of employment

Supervisor Name – First: _____ Last: _____ M.I.: _____

Work #: _____ Email: _____

* The above applicant is an employee under my supervision, and is eligible to participate in the RideShare Rewards program.

Supervisor Signature (Required) X: _____ **Date:** _____