



Emergency Ride Home Agreement Form

Yes! My organization would like to participate in the Emergency Ride Home Program through Commute Smart Northwest. Please process our application as soon as possible, so we can begin providing this service as part of our Commute Smart Program.

Organization Information

Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

It is understood that, at a minimum, we must designate an ERH Program Coordinator and backup Coordinator for our worksite. The coordinator names will be provided by Commute Smart Northwest to Lyft or Advanced Transportation, to authorize trip requests. It is further understood that the ERH Coordinators must attend the Orientation Course to receive materials and instructions, prior to implementing the Emergency Ride Home Program at our worksite.

ERH Program Coordinator (required):

Name: _____

Phone: _____

Back-Up Coordinator (required):

Name: _____

Phone: _____

Second Back-Up Coordinator (optional):

Name: _____

Phone: _____

I agree that our initial deposit amount will be a minimum of \$200. It is understood that the initial deposit should cover estimated program use for one year and should be submitted to Commute Smart Northwest (*payable to Spokane County Public Works*) along with the signed ERH Program agreement, which will be sent to us upon receipt of this application.