

# ADA COUNTY HIGHWAY DISTRICT (ACHD) COMMUTERIDE EMPLOYER SPONSORED VAN PARTICIPANT AGREEMENT

The Ada County Highway District (ACHD) sponsors the "ACHD Commuteride Club Red" vanpool program. The vans provide commuter transportation to and from work location on a regular schedule to be determined jointly by the Vanpool group and the ACHD Commuteride Vanpool office. Due to the nature of this program, ACHD reserves the right to change routes, fares and / or schedules as necessary to serve the maximum number of commuters. As much advance notice as possible will be given prior to any changes, consolidations or terminations.

**If you elect to participate, you are expected to:**

1. Notify the Driver in advance whenever you cannot meet the van's scheduled pick up time or you are not riding. The van cannot wait more than three (3) minutes (or such other time as specified by the Driver) for passenger pick up.
2. Notify the Driver at least fourteen (14) days in advance if you elect to withdraw from the Commuter Vanpool Program.
3. All participants are required to wear seat belts while the van is in motion. Failure to comply with this policy will result in termination of ridership.
4. Failure to comply with federal, state or local laws, regulations, or orders ([including ACHD Commuteride's COVID-19 commute precautions](#)) or any other actions that would warrant termination for cause, may result in immediate termination of ridership for cause.
5. Abide by all day-to-day operational rules as established by ACHD Commuteride and/or by a majority of the vanpool members. Abide by ACHD Commuteride's decision in disputes arising out of the day-to-day operational vanpool rules.
6. Review and abide by the policies and procedures outlined in the ([Commuteride Club Red Participant Handbook](#)). Failure to comply with the policies and procedures outlined in the Participant's Handbook may result in termination of ridership.

**I have read the Ada County Highway District Commuteride Participant Agreement as well as the Participant's Handbook and understand the policies of the program as described therein and further acknowledge that my participation in the Commuteride Vanpool program is conditioned upon my compliance with the policies and procedures as outlined in this Participant Agreement and accompanying Participant's Handbook.**

Signature of Participant	Date	Van #	Start date
Participant's Full Name (Please Print)		Primary Email Address	
Home / Mailing Address		City Zip	Primary Telephone Number
Employer	Work Address / Location		Secondary Telephone Number

Below this line is for Commuteride Office only

Route # \_\_\_\_\_ Fare: \_\_\_\_\_