

Guaranteed Ride Home Program Service Agreement

OCTA Vanpool ID#:			
Worksite Name:			
Total Number of Employees:	_Number of	Employees in t	he Vanpool:
Worksite Address:		City:	Zip:
Employer Representative:	_Tel. # (_)	Ext:
Fax#: ()	_E-mail:		
Alternate Vanpool Representative:			
Tel. # ()Ext	_E-mail:		
Vanpool Provider: ☐Enterprise ☐vRic	le		
Guidelines, which clearly defines eligibility requirements, certify that you are eligible, and agree to the terms stated. The GRH program is jointly sponsored by OCTA and neighboring county transportation agencies. Employer and employee participation in OCTA programs is voluntary. OCTA assumes no responsibility or liability for claims arising from participation in these programs. By participating in these programs, the employer agrees to defend, indemnify and hold OCTA, its officials, employees, agents and contractors free and harmless from any and all claims, demands, causes of action, costs, expenses, liability, loss, damage or injury, in law or equity, arising out of or incident to employer's or employee's participation in these rideshare services.			
OCTA Share the Ride Programs in place at the ☐ OCTA Vanpool Program ☐ Employer Bus Pass Program	☐ Metrolin	please check a k Corporate Pa vey Processing	ss Program
Vanpool Representative Signature:		Da	ate:/

www.octa.net/sharetheride • 714.560.5353, option 4 • sharetheride@octa.net

To enroll in the new regional Guaranteed Ride Home program, complete this form and fax it back

to 714.560.5795 or email it to sharetheride@octa.net.

GRH Client ID#:_____ Date Processed:_____

