

Emergency Ride Home Program Questionnaire

Please fill out the following survey so that PART may better understand your commuting needs. *Please mail or fax the completed questionnaire to PART to ensure future eligibility for the Emergency Ride Home Program.*

PART, Attn: ERH Program
7800 Airport Center Dr, Ste 102
Greensboro, NC 27409
Fax #336-662-9253

Name: _____

Home Address: _____

City, State, Zip Code: _____

Phone Number: _____

E-mail: _____

Employer: _____

Employer Address: _____

Date Emergency Ride Home was used: _____

What alternative mode of transportation did you use on the day that you requested an Emergency Ride Home?

- Carpool
- Vanpool
- Bike
- Walk
- Bus

On average, how many times a week do you use alternative transportation?

- 5 or more
- 3-4 times
- 1-2 times
- Today was my first experience.

How long did you have to wait, from the time you contacted PART to request an Emergency Ride Home to the time transportation arrived to pick you up?

- Less than 1 hour
- 1-2 hours
- More than 2 hours
- No transportation was provided

Why did you have to use the Emergency Ride Home Program?

- Family Emergency
- Personal Illness
- My ride left work early
- Other (please explain)

How many miles is your daily **round trip** commute?

- Less than 10 miles
- 11-20 miles
- 21-30 miles
- 31-40 miles
- 41-50 miles
- 51-70 miles
- Greater than 70 miles

After using the Emergency Ride Home Program, do you intend to continue using alternative modes of transportation?

- Yes
- No

Would you recommend the use of the Emergency Ride Home Program to other people?

- Yes
- No

Comments/Suggestions

Thanks for your Participation!

