

National Institutes of Health
Division of Travel and Transportation Services

**Ridefinders Network Application
Carpool—Vanpool**

Instructions

- Complete this form.
- Return this form to the ETSO, Division of Travel and Transportation Services, Bldg. 31, Room B3B04, or fax to 301-480-0854.
- If you have any questions, please call the ETSO at 301-496-5050.
- All information will be kept confidential.

1. Name (*last, first, middle initial*)

2. Home Address (*number/street, apartment, city, state, zip*) (*will be kept confidential*)

3. County

4. Home Phone (*with area code*)

5. Work Phone

6. Work Address: Building/Room

7. Fax Number

8. Work Hours

Arrival time _____

Leave work at _____

9. How much flexibility do you have with these hours?

☐ None

☐ 15 minutes earlier or later

☐ 30 minutes earlier or later

☐ 60 or more minutes
earlier or later

10. Describe alternative pick-up locations. Indicate places other than your home where you could meet other poolers.
For example, intersection, subdivision, Park & Ride Lot, or shopping center.

Privacy Act Statement

NIH maintains records of employees participating in the Federal Facility Ridesharing Program as a part of the System of Records: 09-90-0023 Departmental Parking Control Policy and Records Systems. HHS/OS/ASMB/OFE. The Information requested on this form is voluntary, however only complete applications can be processed into the Ridefinders Network.

The NIH will use this information as follows: (1) This form is used to register employees in the Ridefinders Network. NIH will access the Metropolitan Washington Council of Governments' Ridefinders

Computer Network and generate a ridematch list containing work locations, duty hours and telephone numbers of potential rideshare partners. Participants may be contacted by the Council of Governments for survey information on the effectiveness of the Network and for updating information. (2) The information may be disclosed to a congressional office at your request. It may also be disclosed to the Department of Justice, if needed to enable DHHS to present an effective defense in the event that the Department becomes involved in litigation.

All applicants must sign the following statement:

I authorize the National Institutes of Health: (1) to disclose the information on this application to the Metropolitan Washington Council of Governments' Ridefinders Network for the purpose of identifying potential rideshare partners, and (2) to track and monitor employee participation in the Program.

Signature

Date

