

Carpooling Application

Today's Date:

Name:

Home Address:

City:

State:

Zip Code:

County:

Phone/Cell:

Pick Up Address:

Zip Code:

Closest Cross Streets:

Work Start Time: (am or pm) **Work End Time:** (am or pm)

Work Days of the Week:

Drop Off Location (Name of Business):

Address:

City:

State:

Zip Code:

Closest Cross Streets:

County:

Work Phone:

Gender:

Do you have a car you would be willing to drive each day?

If you live outside of Wichita, list the towns you are willing to pick people up at along your route.

All information on this form is confidential and will be used for car pool matching only. Wichita Transit is not responsible for its unauthorized use by persons with whom you are matched or by others.

E-mail response to swilson@wichita.gov or fax responses to 316 -858-7707 or mail to Shirley at Wichita Transit, 214 S. Topeka, Wichita, KS 67202 or call 265-7221.