



YW Transit Operations Coordinator  
YWCA Empowerment Center  
3101 Latham Dr., Madison, WI 53713  
(608) 316-6888 | Fax (608) 255-3378  
[www.jobride.ywca.org/madison](http://www.jobride.ywca.org/madison)

## **JOBRIDE APPLICATION**

Welcome to YW Transit JobRide! JobRide is a new, innovative program that provides transportation for low-income people going to/from work and employment-related activities (i.e. interviews, training, childcare, etc.).

Completion of this application does not guarantee transportation. YW Transit's Operations Associate will get in touch with you once your application has been received with further information regarding program details.

*Note: All provided information is for eligibility and reporting purposes only and will be kept confidential.*

Rider Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt/Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Annual Household Income: \$ \_\_\_\_\_

Number of Children Under the Age of 18 (circle which applies):

0      1      2      3      4      5      6 or more

Number of People in Household:

1      2      3      4      5      6      7      8      9      10 or more

Current Employment Situation:

Employed

Unemployed

Underemployed

Will JobRide Help You:

Get a Job

Keep a Job

Get a Better Job

Do you have a transportation alternative available?      Yes      No

If so, what? \_\_\_\_\_

Name and address of employer: \_\_\_\_\_  
\_\_\_\_\_

Shift Start Time	Shift End Time	Day of Week (circle all that apply)						
_____	_____	Mon	Tues	Wed	Thur	Fri	Sat	Sun
_____	_____	Mon	Tues	Wed	Thur	Fri	Sat	Sun
_____	_____	Mon	Tues	Wed	Thur	Fri	Sat	Sun
_____	_____	Mon	Tues	Wed	Thur	Fri	Sat	Sun
_____	_____	Mon	Tues	Wed	Thur	Fri	Sat	Sun

Age:

13-17      18-29      30-59      60-74      75 and older

Race/Ethnicity:

African American/African	Asian/Pacific Islander	Southeast Asian	Latino/Hispanic
Native American/American Indian	White/Caucasian	Another Race	Multiracial

Disability:      Yes      No

Please circle if you use any of the following:

Wheelchair      Cane/Walker      Other (please specify): \_\_\_\_\_

Sex/Gender:      Female      Male      Transgender/Other

Are you eligible for ParaTransit?      Yes      No

How did you hear about JobRide? \_\_\_\_\_

Did a current JobRide user refer you to us?      Yes      No

If yes, please give us their full name. When you become a pre-scheduled JobRide user, they will receive \$10 off their next month of service (based on roundtrip travel; otherwise discount is pro-rated):

\_\_\_\_\_

To complete the application process, please mail, fax, or bring this application to one of our offices. Contact information is on the top of page 1.