

**COMMUTER TRANSPORTATION SERVICES SURVEY
DELTA RIDES REGIONAL COORDINATION**

**Mail to: Delta Rides, C/O Bolivar County Council on Aging, Post Office Box 593, Cleveland, MS 38732
OR Fax to: Delta Rides, 662-846-2953**

This survey will be used to access the interest in commuter services into workplaces throughout the Mississippi Delta Area.

*Name: _____ Actual work hrs.: _____

*Phone Number: _____

*E-mail address: _____

**required for follow-up*

The answers to the following questions will be used to develop or expand commuter transportation services:

1. Would you ride a bus or van to and from your towns or communities if one was available?

Yes ___ No ___

2. Would you ride a bus or van if it could be boarded at a pick-up point located in a safe and convenient location in your town or area? Yes ___ No ___

3. How much would you be willing to pay per month for commuter service from your town or area?

\$ _____

4. Which hours of the day would you be most likely to board a bus or van from the pickup location in your area? (Check all that apply)

___ 5am-6am ___ 6am-7am ___ 7am-8am ___ other (specify) _____

If you selected more than one option, which option best fit your needs? _____

5. Which hour of the day would you most likely to board a bus or van to return to the pickup location in your area? (Check all that apply)

___ 4pm-5pm ___ 5pm-6pm ___ 6pm-7pm ___ other (specify) _____

If you selected more than one option, which option best fit your needs? _____

6. Would you be willing to become a volunteer driver? ___ Yes ___ No

7. In what county do you live? _____

8. In what town / city do you live? _____

9. Other questions or comments: _____
