

Vanpool Driver Eligibility/Retention Criteria

Prospective vanpool drivers with the following on their driving record will not be eligible to drive a vanpool van if:

Within the last seven (7)-years:

Suspension/revocation for reckless driving, hit and run, leaving accident scene, failure to appear, DUI, negligent, or vehicle-related felony appears on your record.

Within the last three (3)-year:

- More than one minor moving violation and any major moving violations (with no other accident or violations) appears on your driver's record.
- More than one minor single car accident (with no other moving violations) appears on your driving record.
- Any conviction for a seatbelt violation or child restraint violation appears on your driving record.

[If you meet the criteria for vanpool driver eligibility, continue to driver applicant instructions below.](#)

DRIVER APPLICANTS:



1) Submit Motor Vehicle Record with driver's application (your cost \$10 in WA state), go to DOL website of driver's license state of origin to request your record, or,

2) Send a check in the amount of \$11.50, made payable to Island Transit and we'll get the abstract.

Motor Vehicle Record expenditures are not reimbursable.

[Please follow the instructions below and check each one off as it is completed.](#)

- Please complete every question on the *Vanpool Driver's Application* (both sides), **date and sign**.
- Please read and sign the Volunteer Vanpool Driver Function List, and the Fuel Card Statement of Usage.
- Please provide us with a copy of your Driver's License.** (Please copy at about 130% so it is easier to see and please make sure your license number is legible.)
- Please provide us with a copy of your Motor Vehicle Record** (or see item #2 above)
- Please return all forms to your vanpool manager as soon as possible or mail to:
P.O. Box 1735, Coupeville, WA 98239, or,
- Email to vanpool@islandtransit.org, or,
- Fax directly to us as soon as possible: Island Transit Fax # 360-678-4353

VANPOOL DRIVER APPLICATION

This application will be used to establish your eligibility as an operator of a public transit vanpool. The information you provide helps us assure you, your vanpool group and the public that the highest standards of safety and accountability are maintained. We appreciate your cooperation and interest in our vanpool program. **Please return completed application with a copy of your Driver's License and Motor Vehicle Record to your vanpool program representative.**

→ **Application must be signed before it can be processed.** ←

Name: _____ Home phone: _____
Address: _____ Work phone: _____
City/State/Zip: _____ Cell phone: _____
Years/months at this address: _____ Fax Number: _____
Date of Birth: _____ Email Address: _____
Current Job Title: _____ Employer: _____
Work Address: _____ Work Hours: _____
Supervisor's Name: _____ Supervisor's phone: _____
How long have you worked for this employer? _____ Years _____ Months

Do you have a current and valid Washington State Driver's License? **Yes** **No**

If not, please explain: _____

How long have you had a driver's license? _____ Years _____ Months

Driver's License Number: _____ **State:** _____ **Expiration Date:** _____

Are there any restrictions on your driver's license? **Yes** **No**

If restricted, state type (including vision) and date of restriction: _____

Have you ever had your privileges to drive suspended, revoked or refused? **Yes** **No**

If yes, please explain: _____

Have you ever been required by the State to file evidence of Fiscal Responsibility (SR22)? **Yes** **No**

If yes, please explain: _____

Name of your automobile insurance company: _____

Policy Number: _____ **Phone Number:** _____

Has an insurance company ever refused, cancelled, not renewed or given notice of intention to refuse automobile insurance to you? **Yes** **No**

If yes, list company's and agent's name and phone: _____

Indicate which (circle): _____ Cancelled _____ Refused _____ Non-Renewal _____

Date: _____ Reason: _____

►→ **IMPORTANT – APPLICATION WILL NOT BE PROCESSED WITHOUT SIGNATURE** ←◄

My signature below authorizes Island Transit to obtain, at its sole discretion as often as desired, my employment and non-employment driving record, including all Department of Licensing citations that have taken place regarding the driver's license I now hold, have held, or in the future may obtain. It authorizes Island Transit to conduct a criminal history background check from the source of its choice. It further authorizes Island Transit to verify my employment. I agree to any other conditions described herein. This release continues in effect as long as I continue to serve as a volunteer driver on an Island Transit vanpool vehicle.

VP#

Signature: _____ **Date:** _____

Do you have any condition that may affect your ability to perform all requirements of operating the vanpool vehicle? Yes No

If yes, please explain: _____

Have you ever been convicted of driving while intoxicated or under the influence of drugs? Yes No

If yes, please explain (date, charge, jurisdiction, etc.): _____

Indicate all driving violations or citations (other than parking) that you have been convicted of, forfeited bail or paid any fines for during the past three years. Please give full details, including dates, below. If more space is needed, please use a separate sheet of paper.

A	Date:	Time:	Location (City and State)
	Conviction:		
	If speeding, legal limit:	Your speed:	Amount of Fine: \$
Remarks:			
B			Location (City and State)
	Conviction:		
	If speeding, legal limit:	Your speed:	Amount of Fine: \$
Remarks:			

▶▶ How many motor vehicle accidents of any type or cause have you, either as owner or otherwise, been involved in during the last five years? ▶

Accident #1	Date:	Time:	Driver:	Violation
Who was at fault?	Damage to your vehicle?		Amount \$	
Bodily Injury?	Damage to other property?		Amount \$	
Description:				
Accident #2	Date:	Time:	Driver:	Violation
Who was at fault?	Damage to your vehicle?		Amount \$	
Bodily Injury?	Damage to other property?		Amount \$	
Description:				

Can you provide off-street parking at your home for the van? Yes No

Have you taken a Defensive Driving Course? Yes No

If yes, list name of course, date completed and attach a copy of your certificate: _____

If applying as a new vanpool group, explain your commute plans: _____

Trip Origin: _____
List complete address or indicate if this is the same as your home address.

Trip Destination: _____
List complete address or indicate if this is the same as your work address.

Pick-Up Point: _____ Time: _____

Pick-Up Point: _____ Time: _____

Pick-Up Point: _____ Time: _____

Pick-Up Point: _____ Time: _____

ISLAND TRANSIT VOLUNTEER VANPOOL DRIVER FUNCTION LIST

As a Volunteer Vanpool Driver, you must be able to:

- ❖ understand and adhere to Washington State traffic laws
- ❖ understand and adhere to transit agency Vanpool policies and procedures
- ❖ understand and apply the principles of defensive driving
- ❖ safely operate a 15' to 19' van
 - ☞ carrying up to 15 passengers
 - ☞ in potentially heavy traffic
 - ☞ over a variety of roadways, including narrow city streets
 - ☞ on a planned route
 - ☞ while adhering to an established time schedule
- ❖ meet the requirements of the state law, which requires that a seat belt be worn at all times while operating the van
- ❖ enter and exit van's driver seat; sit upright in seat, bend, reach, kneel, stretch and turn as appropriate to inspect all items on the van that you are going to operate
- ❖ bend, reach, stretch and turn as appropriate to manipulate all vehicle controls while safely operating the vehicle
- ❖ read vehicle instrument panel/gauges, traffic signs and look for pedestrians and other obstructions while driving during the day and night
- ❖ assess rapidly changing traffic situations, evaluate hazardous conditions and take prompt, effective action to deal with them safely
- ❖ provide for the well-being of yourself and passengers in emergencies and special situations
- ❖ communicate with the public, vanpool participants, transit agency representatives and, if necessary, with public safety officers
- ❖ ensure that written and verbal reports are completed accurately and on time
- ❖ ensure that daily, weekly and monthly vehicle maintenance inspections are performed and vehicle receives servicing at established intervals
- ❖ ensure that vehicle interior and exterior is cleaned at established intervals
- ❖ ensure that vehicle is safely fueled at self-service pumps

Please check one of the following:

- Yes**, I am able to comply with the *Volunteer Vanpool Driver Function List*
- No**, I am not able to comply with the *Volunteer Vanpool Driver Function List*

Name (Please Print)

VP #

Signature

Date



Island Transit

VAN # _____

**ISLAND TRANSIT VANPOOL FUEL CARD
STATEMENT OF USAGE**

Island Transit provides each vanpool group with a single fuel card, for use in fueling the vehicle. The fuel card is issued to the Manager/Primary Driver, but may be used by any Island Transit-approved driver of the vanpool vehicle for commute purposes, only.

All vanpool drivers must comply with the following fuel card usage procedures:

- Vanpool fuel may be purchased at any service station that honors the fuel card used by the vanpool group.
- The total gallons purchased must be entered on your *Monthly Vanpool Report* in the *Purchases* section.
- If the vanpool fuel card is lost or stolen, the loss should be reported to Island Transit immediately.

All vanpool drivers must be aware of the following fuel card usage limits:

- Each fuel card can be used only for regular **unleaded** fuel purchases. (Do not use for washing the van or purchasing premium fuels.)
- There shall be no personal use of an Island Transit Vanpool Fuel Card.

Misuse of an Island Transit Vanpool Fuel Card is a felony. Island Transit carefully monitors the use of each vanpool fuel card and will take immediate action if inappropriate usage is suspected. The Island Transit Vanpool Fuel Card is provided as a service to our vanpool customers, in order to provide convenience for vanpool groups.

I hereby, under penalty of law, certify that I will abide by the above procedures for use of an Island Transit Vanpool Fuel Card. I understand that misuse of the vanpool fuel card is a felony and is subject to criminal prosecution.

Date

Driver Name (*Please Print*)

Driver Signature