



COMMUNITY VAN DRIVER

SELECTION CRITERIA

Selection of Community Van drivers are dependent upon the criteria discussed in the following sections.

License and Experience

A potential driver must possess a current Washington State Driver's License and have driven for at least five years. Restrictions for glasses or contact lenses are acceptable. Other restrictions must be reviewed.

Suspension or Revocation of License

Report of a suspension/revocation within the past three to seven years will cause a potential driver's application to be rejected. Report of a suspension/revocation within the last ten years for reckless driving, hit and run, leaving the scene of an accident, driving while under the influence of alcohol or drugs, driving while impaired, or a felony violation will result in application rejection.

Violations

A "Failure to Appear" (FTA) on a driving record in the last three years will result in application rejection. No felony convictions are allowed. FTA, failure to yield, failure to stop, or speeding in excess of 13 mph, are all considered major violations. The driver would automatically lose eligibility for at least a three year period with the combination of circumstances or violations.

Physical Condition

The potential driver must be in good health. Any condition that may impair the driver's ability to operate the van will result in application rejection. Poor eyesight (correctable by lenses) is acceptable. A potential driver may be required to have a physical examination, at the driver's expense, to determine good health.

COMMUNITY VAN DRIVER FUNCTION LIST

As a Ben Franklin Transit volunteer Community Van driver, you must be able to:

- Understand and uphold Washington State traffic laws.
- Understand, uphold, and apply Ben Franklin Transit Community Van policies and procedures.
- Understand and apply the principals of defensive driving.
- Demonstrate safe operation of a 15- to 19-foot van, carrying 7 to 12 passengers on a planned route, in potentially heavy traffic, over a variety of roadways and narrow city streets, while attending to an established time schedule.
- Wear a seat belt at all times.
- Climb into and out of the van's driver's seat while sitting upright at all times.
- Bend, kneel, reach, stretch, and turn, as appropriate, to inspect all items in the van that you are going to operate.
- Bend, reach, stretch, and turn, as appropriate, to manipulate all controls, while safely operating the vehicle.
- Read vehicle instrument panel/gauges and traffic signs, and watch for pedestrians and other obstructions while driving during the day and night.
- Assess rapidly changing traffic situations, evaluate hazardous conditions, and take prompt evasive action to deal with them safely.
- Provide for the well-being of yourself and passengers in emergencies and special situations.
- Communicate orally and in writing with the public, vanpool participants, Ben Franklin Transit representatives, and public safety officers.
- Be sure that written and verbal reports are completed accurately and on time.
- Ensure that daily, weekly, and monthly vehicle maintenance inspections are performed, and the vehicle receives servicing at established intervals.
- Ensure that vehicle interior and exterior are cleaned at regular intervals.
- Make sure that vehicle is fueled at self-service pumps.
- Be reachable while on trip, emergency phone numbers for driver and/or others in van.

Initials _____ Date _____

BEN FRANKLIN TRANSIT COMMUNITY VAN DRIVER APPLICATION

This application will be used to establish your eligibility as an operator of a public transit Community Van. The information you provide helps us assure you, your User Group, and the public that standards of safety and accountability are maintained.

Driver applicants must answer all questions. Return completed application to your User Group Representative who will forward it to Ben Franklin Transit.

1. Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
Years/Months at this address: _____
If less than 2 years, previous address: _____
e-mail address: _____

2. 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: _____ Issuing State: _____

Driver's License Number: _____

Expiration date: _____ Date of birth: _____

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 driver's license suspended, revoked, or refused? Yes ___ No ___

If so, please explain: _____

Have you ever been involved in an auto accident when you were the driver? Please explain the circumstances of the collision(s) including date and who's at fault.

Did you receive a traffic citation (ticket)? Yes _____ No _____

3. Name of your automobile insurance company:

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 and agent's name and phone:

Indicate which (circle): Cancelled Refused Non-renewal

Date: _____ Reason: _____

4. Organizations Insurance Provider: _____

Are you an employee of the organization? _____

Is coverage for driver through Labor and Industries or a Volunteer Insurance Plan?

Name of Volunteer Insurance Plan? _____

5. Current job title: _____ Employer: _____

Work address: _____

Supervisor's phone number: _____

6. Have you ever been required by the State to file evidence of Fiscal Responsibility (SR22)?

Yes _____ No _____

If yes, please explain: _____

I hereby grant permission for BFT to conduct a driving record check in conjunction with my application for community van driver and as needed to maintain my eligibility as a community van driver. I understand that this information will be kept confidential.

Signature: _____ Date: _____

I have read and agree with the stated terms for Driver Selection and Driver Functions.

Signature: _____ Date: _____