



## VANPOOL DRIVER FUNCTION LIST

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

- Understand and uphold Washington State traffic laws.
- Understand, uphold, and apply Ben Franklin Transit Vanpool policies and procedures.
- Understand and apply the principals of defensive driving.
- Safely operate a 15- to 19-foot van, carrying up to 15 passengers on a planned route, in potentially heavy traffic, over a variety of roadways and narrow city streets, while following an established time schedule.
- Wear a seat belt at all times.
- Climb into and out of the van's driver's seat while staying 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 by cell, telephone, or some other method during normal business hours.
- Be responsive when we need to communicate with you.

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Sign

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Date



Commuter ID: \_\_\_\_\_

## 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.

Driver applicants must answer all questions. Return completed application to your Vanpool program representative.

### 1. Contact Information

Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

Years/Months at this address \_\_\_\_\_

If less than 2 years, previous address \_\_\_\_\_

### 2. Driver's License Information

A. Do you have a current and valid Washington State Driver's License? ☐ Yes ☐ NoIf not, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

B. How long have you had a driver's license? \_\_\_\_\_

Years/Months: \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

C. Are there any restrictions on your driver's license? ☐ Yes ☐ NoIf restricted, state the type (including vision) and date of restriction:  
\_\_\_\_\_  
\_\_\_\_\_D. Have you ever had your driver's license suspended, revoked, or refused? ☐ Yes ☐ NoIf yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_E. Have you ever been convicted of driving under the influence of alcohol or drugs? ☐ Yes ☐ NoIf yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_F. Have you ever been involved in an auto accident when you were the driver? ☐ Yes ☐ NoIf yes, please explain the circumstances of the collision(s) including the date(s) and who was at fault.  
\_\_\_\_\_  
\_\_\_\_\_Did you receive a traffic citation (ticket)? ☐ Yes ☐ No



## VANPOOL DRIVER APPLICATION

### 3. Insurance Information

\_\_\_\_\_  
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, please list the insurance company, agent's name, and phone number:

\_\_\_\_\_

\_\_\_\_\_

Indicate which: Canceled ☐ Non-Renewal ☐ Refused ☐

Date: \_\_\_\_\_ Reason: \_\_\_\_\_

### 4. Employment Information

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Current Job Title

\_\_\_\_\_  
Work Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Supervisor's Phone Number

5. I do ☐ do not ☐ have any mental or physical handicaps or health problems that would affect my performance as a vanpool driver.

If the above is "yes," please explain:

\_\_\_\_\_

\_\_\_\_\_

6. By signing below, I understand that this application warrants a verification of information provided and that I am able to perform the duties listed in the Vanpool Driver Function List. Applications for Vanpool Driver authorize Ben Franklin Transit to obtain, as often as desired, my driving record, including all Department of Licensing actions that have taken place regarding the driver's license I now hold, have held, or in the future may obtain.

This release continues in effect as long as I continue to serve as a volunteer driver on a Ben Franklin Transit vanpool vehicle.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date