



VANLINK PROGRAM

AGENCY:

VANLINK 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. Applicants must answer all questions.

***NOTE: Applicants must have minimum of three years of verifiable licensed driving experience and at least 21 years of age.**

FULL NAME:		PERSONAL PHONE #:	
HOME ADDRESS:		WORK PHONE #:	
CITY:	STATE:	ZIP:	
EMAIL ADDRESS:			
EMPLOYER:		CURRENT JOB TITLE:	
WORKSITE ADDRESS:			
DRIVER'S LICENSE NUMBER:		STATE:	DATE OF BIRTH:
HOW LONG HAVE YOU HAD A DRIVER'S LICENSE?		YEARS	
HAVE YOU HAD A DRIVER'S LICENSE FROM SOMEWHERE OTHER THAN WASHINGTON IN THE LAST 5 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, PLEASE EXPLAIN.			
HAVE YOU EVER HAD YOUR DRIVING PRIVILEGES SUSPENDED, REVOKED OR REFUSED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, PLEASE EXPLAIN.			
DO YOU HAVE ANY CONDITIONS THAT MAY AFFECT YOUR ABILITY TO PERFORM ALL REQUIREMENTS OF OPERATING THE VANPOOL VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, PLEASE EXPLAIN.			
HAVE YOU EVER BEEN CONVICTED OF DRIVING WHILE INTOXICATED OR UNDER THE INFLUENCE OF DRUGS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, PLEASE EXPLAIN.			
List any other citations, accidents, suspensions or information that might affect your ability to drive a van?			

In the next section, indicate all driving violations or citations (other than parking) during the past three years. Please give full details, including dates.

CITATION #1

DATE:	TIME:	LOCATION:
CONVICTION:		
SPEED LIMIT:	YOUR SPEED:	AMOUNT OF FINE: \$
REMARKS:		

CITATION #2

DATE:	TIME:	LOCATION:
CONVICTION:		
SPEED LIMIT:	YOUR SPEED:	AMOUNT OF FINE: \$
REMARKS:		

List any motor vehicle accidents, of any type or cause, that you, either as owner or otherwise, have been involved in during the last three years

ACCIDENT #1

DATE & TIME:	LOCATION:
VIOLATION:	
WHO WAS AT FAULT?	DAMAGE TO YOUR VEHICLE: \$
BODILY INJURY:	DAMAGE TO OTHER PROPERTY: \$
DESCRIPTION:	

ACCIDENT #2

DATE & TIME:	LOCATION:
VIOLATION:	
WHO WAS AT FAULT?	DAMAGE TO YOUR VEHICLE: \$
BODILY INJURY:	DAMAGE TO OTHER PROPERTY: \$
DESCRIPTION:	

By signing below, I understand all information that is in this application, and this application warrants a verification of information provided. Applications for Volunteer Driver authorize Kitsap 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 Kitsap Transit vehicle. **I HAVE ALSO READ AND FULLY UNDERSTAND THESE DOCUMENTS:**

[ADMINISTRATIVE INSTRUCTIONS.](#) [PROHIBITED SUBSTANCES...](#) [DRIVER FUNCTION LIST.](#)

PRINTED NAME: _____

[VANLINK DRIVER AGREEMENT.](#)

SIGNATURE: _____

DATE: _____

VOLUNTEER VANPOOL DRIVER FUNCTION LIST

As a Volunteer Driver you must be able to:

- Understand and adhere to 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 21' van
 - Carrying up to 15 passengers;
 - In potentially heavy traffic;
 - Over a variety of roadways, including narrow city streets;
 - On a planned route; and
- While adhering to an established time schedule.
- Meet the requirements of the state law, which requires that seatbelts be properly worn at all times by you and your passengers.
- Enter and exit the 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 take prompt effective action to deal with them safely.
- Provide for the well-being of yourself and passenger in emergencies and special situations.
- Communicate effectively with public, Vanpool participants, transit agency representatives, and if necessary, public safety officers.
- Ensure that written and verbal reports are completed accurately and on-time.
- Ensure that daily pre-trip inspections, weekly and monthly vehicle maintenance inspections are performed in accordance with established checklists and vehicle receives servicing at established intervals.
- Ensure the vehicle interior and exterior is cleaned at established intervals.
- Ensure that vehicle is safely fueled at self-service pumps and check tire pressure and wear every fueling.
- Be reachable by cell, telephone, or email during normal business hours.
- Be able to recognize when a physical or mental condition or required medication may impair the ability to safely operate a Vanpool vehicle and take appropriate action to find a substitute or make other arrangements.

PROHIBITED SUBSTANCES POLICY

Kitsap Transit does not allow the driving of a vanpool vehicle under the influence of any illegal drugs. An illegal drug is any drug or substance identified in Schedule I through V of Section 202 of the Controlled Substance Act (21 U.S.C. 812) and is further defined by 21 CFR 1300.11 through 1300.15. This includes, but is not limited to: marijuana, amphetamines, opiates, phencyclidine (PCP), and cocaine, as well as any drug not approved for medical use by the U.S. Drug Enforcement Administration or the U.S. Food and Drug Administration. Illegal use includes the use of any illegal drug, the misuse of legally prescribed drugs, or the use of illegally obtained prescription drugs at any time. Marijuana is considered a banned substance per the federal government. This policy does not prohibit the appropriate use of legally prescribed drugs and non-prescription medications. However, it is the responsibility of the volunteer vanpool driver to inform his/her physician when being prescribed medication(s) that they are driving a vanpool vehicle and ask about driver impairment and possible side effects. The volunteer driver should only use medically authorized drugs or over the counter medications in a manner which will not impair their driving or elect not to drive when using prescribed drugs or over the counter impairing drugs. It is also the responsibility of the volunteer driver to remove themselves from service if they are not able to drive because of any adverse effects due to medications. You may not drive the vanpool vehicle after consuming beverages or substances containing alcohol, including any medication, food, candy, or any other substance that contains alcohol.