

# Yakima Transit

## Yakima Transit Vanpool Operator Application

This application will be used to establish your eligibility as a Volunteer operator of a Yakima 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. Return completed application with a copy of your Washington State Driver's License and Proof of Insurance to the Vanpool Office.

Vanpool #: \_\_\_\_\_ This application is for a new: \_\_\_\_\_ Driver \_\_\_\_\_ Back Up Driver

### To be completed by DRIVER and COORDINATOR applicants:

Name: \_\_\_\_\_ Home Phone: (     ) \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: (     ) \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Cell Phone: (     ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Current Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

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: \_\_\_\_\_

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

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

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

\_\_\_\_\_

Have you ever had your driving privileges suspended, revoked, or refused?  Yes  No

If Yes, please explain:

\_\_\_\_\_

Name of your automobile insurance company: \_\_\_\_\_

Policy 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 one):     Cancelled     Refused     Non-Renewal

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

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

Do you have any conditions that may affect your ability to perform all requirements of operating the vanpool vehicle?  
 \_\_\_ Yes \_\_\_ No If Yes, please explain:

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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.):

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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:

<b>A</b>	Date:	Time:	Location (City/State):	
	Conviction:		Your Speed:	Amount of Fine:
	If speeding, legal limit:			
Remarks:				
<b>B</b>	Date:	Time:	Location (City/State):	
	Conviction:		Your Speed:	Amount of Fine:
	If speeding, legal limit:			
Remarks:				

Please indicate below any vehicle accidents of any type or cause you have been involved in, either as owner or

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

Can you provide off-street parking for the van? \_\_\_ Yes \_\_\_ No Other:

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*By signing below, I understand that this application warrants a verification of information provided. Applications for Volunteer Driver authorize Yakima 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 Yakima Transit vanpool vehicle.*

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_