



## VOLUNTEER VANPOOL DRIVER APPLICATION

Information from your driver application and motor vehicle record will establish your eligibility as a Pierce Transit volunteer vanpool driver.

Application for:      ☐ Volunteer Primary Driver      ☐ Volunteer Backup Driver  
                                  ☐ New Vanpool Group      ☐ Current Van #      Primary Driver

Personal Information	
Full Name:	Former Name:
Address:	City:      State:      Zip:
Home Phone:	Work Phone:
Date of Birth:	Email Address:
Employer:	Job Title:
Work Address:	City:      State:      Zip:
Driver License/Insurance	
Do you have a current, valid, unrestricted, non-probationary driver license? <i>(please attach a legible copy front &amp; back)</i> Yes      No <i>If no, please explain:</i>	
Legible front and back copy of driver license attached? <input type="checkbox"/> Yes	
Driver License Number/State:	Expiration Date:
How long have you had a driver license?      years      months	
If you've had a different driver license number in the last five years, please provide license number and state of issue: <i>License Number/State:</i> <i>License Number/State:</i>	
Are there any restrictions on your driver license? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If restricted, state type and date of restriction:</i>	
Has your driver license ever been suspended, revoked, refused, or placed on probationary status? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide date(s) and explain:</i>	
Have you ever been required by the State to file evidence of Financial Responsibility (SR22)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain:</i>	
Do you have a condition that may or does result in physical or mental impairments? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain:</i>	
Name of your automobile insurance company:	
Legible copy of current proof of insurance card attached, showing your name and effective dates?      Yes	
Has an insurance company ever refused, cancelled, non-renewed, or given notice of intention to non-renew automobile insurance to you? <input type="checkbox"/> No <input type="checkbox"/> Yes, Cancelled <input type="checkbox"/> Yes, Refused <input type="checkbox"/> Yes, Non-renewal	
Name of Company:	Phone:
Reason:	Date:

Please continue on next page.

<b>Driving History</b>			
Have you been charged during the last 10 years of driving while intoxicated or under the influence of drugs? <i>If yes, please provide date(s) and explain (date, charge, jurisdiction, etc.):</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate all moving violations or citations (other than parking) that you have received, forfeited bail, or paid any fines for during the past 3 years. Please give full details, including dates. If more space is needed, use a separate sheet.			
A	Date:	Time:	Location (City and State):
	Conviction:		
	If speeding, legal limit:	Your speed:	Amount of Fine: \$
	Remarks:		
B	Date:	Time:	Location (City and State):
	Conviction:		
	If speeding, legal limit:	Your speed:	Amount of Fine: \$
	Remarks:		
List ALL motor vehicle accidents of any type or cause that you have been involved in during the last 5 years.			
<b>Accident #1</b>			
Date:	Time:	Driver:	Violation:
Who was at fault?		Damage to your vehicle?	Amount: \$
Bodily injury?		Damage to other property?	Amount: \$
Description:			
<b>Accident #2</b>			
Date:	Time:	Driver:	Violation:
Who was at fault?		Damage to your vehicle?	Amount: \$
Bodily injury?		Damage to other property?	Amount: \$
Description:			
<b>Acknowledgements</b>			
Can you provide off-street parking for the van at your home?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you driven a vanpool before? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, state for whom, year, and how long:			
<p>My signature below signifies that I have read, understand and agree to abide by all terms in the Driver Section of the Pierce Transit Vanpool Participant Agreement, and that I have read the Vanpool Driver Guidelines, Essential Functions and Things You Should know documents, and can perform all requirements and will adhere to them strictly.</p> <p>By signing this Pierce Transit Volunteer Vanpool Driver Application, I agree to allow Pierce Transit to obtain a copy of my motor vehicle record and monitor for accidents, citations or suspensions during my time as a volunteer vanpool driver. This release continues in effect as long as I continue to serve as a volunteer driver on a Pierce Transit vanpool.</p>			
<b>Signature:</b>			<b>Date:</b>

**Please submit your completed application to Pierce Transit Vanpool.**

Fax: 253.444.2559

Email: [vanpool@piercetransit.org](mailto:vanpool@piercetransit.org)

Mail: Pierce Transit, Vanpool Operations, PO Box 99070, Lakewood, WA 98496-0070

Revised 08/04/2016

## Abstract of Driving Record Release of Interest

Employer, prospective employer, or volunteer organization name: Pierce Transit

Agent business name if acting on behalf of the company for employment purposes: NA

This is an authorization of:

1. Employee – for release of my driving record for employment purposes, at my employer's discretion for the full term of my employment; or
2. Prospective employee – for release of my driving record for employment purposes, not to exceed 30 days from date signed; or
3. Volunteer – for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization.

I, \_\_\_\_\_, am an employee, prospective employee, or volunteer of  
Your name  
the company named above and I request a copy of my official driving record in the state of Washington to my employer, prospective employer, volunteer organization, or their agent.

No employer, prospective employer, or their agent may use information contained in a driving record related to the sealed juvenile record of an employee or prospective employee for any purpose unless required by federal law. The employee or prospective employee must furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

Employee/Prospective employee/Volunteer full name (First, Middle, Last)	Date of birth (mm/dd/yyyy)	WA driver license number
Employee/Prospective employee/Volunteer signature <b>X</b>	Date signed	

The company listed below agrees to, and shall indemnify and hold harmless the state of Washington, Department of Licensing (DOL), the DOL Director, and all DOL employees from any and all suits at law or equity, and from any and all claims, demands or loss of any nature, including but not limited to all costs and attorney's fees, arising from any incorrect or improper disclosure of individual names or addresses under this "Release of Interest;" any defects in any of Company's procedures followed or omitted or arising from the failure of Company or its officers, employees, customers, contractors or agents to fulfill any of its obligations under this contract; or arising in any manner from any negligent act or omission by the company or its officers, employees, customers, contractors, or agents.

I hereby certify:

1. The company named below is an employer, prospective employer, or volunteer organization of the above-named individual.
2. The information contained in the abstracts of driver records obtained from DOL shall be used in accordance with the requirements and in no way violate the provisions of RCW 46.52.130. No information contained therein will be divulged, sold, assigned, or otherwise transferred to any third person or party. The abstracts of driver records shall be used exclusively for employment, prospective employment or a volunteer organization position.

I affirm that I am a representative authorized to bind the company named below.

Company name <b>Pierce Transit</b>	Authorized representative name	Title <b>Vanpool Coordinator</b>
Address <b>3701 96th Street SW, Lakewood, WA 98499-4431</b>		

\_\_\_\_\_  
Date signed

**X**

\_\_\_\_\_  
Authorized representative signature

**NOTE: The employer or prospective employer must maintain this record for a period of not less than two (2) years from the date of the request. Failure to obtain all signatures or misuse of records obtained from the State of Washington may result in prosecution under RCW 46.52.130.**