vRide Vanpool Program Application

vRide
JOIN US IN TAKING 1 MILLION CARS OFF THE ROAD...

Human Resources - Commuter Services
157 West Fifth Street, San Bernardino, CA 92415-0178 Phone (909) 387-9639 Fax (909) 387-9641

Employee ID#	**Last Name**	**First Name**
Home Address	**City**	**Zip Code**
Home Phone	**Alternate Phone**	**E-Mail Address**
Department Name	**Division**	**Inter Office Mail Code**
Work Address	**City**	**Zip Code**
	Y / N	
Nearest Intersection to Home Address	**Are you currently ridesharing?**	**If "yes" for how long?**
	TO	
Schedule Type (5/8,9/80,3/12,4/10)	**Work Hours**	**Work Phone**
	Y / N	
Approx. One-Way Mileage from Home To Work	**Is your schedule flexible?**	**If "yes" what other hours can you work?**
	Form a New Vanpool ☐ **Join an Existing Vanpool** ☐	
Requested Start Date	**Select One**	**Driver of Existing Carpool**

Vanpool Driver Section

For the primary and alternate drivers, vRide may require an annual physical and subsequent written physician's report and/or the successful completion of a defensive driving course. If you have recently completed an annual physical and/or completed a defensive driving course, or the County's Driver's Awareness Course, please indicate the dates of completion below.

Driver's Awareness Course Completion Date: _____ **Driver License#**_____

Annual Physical Exam Completion Date: _____

_____ _____

Employee Signature **Date**

OFFICE USE ONLY:

Reviewed By:_____

Date Packet Sent to vRide:_____

Vehicle#_____ ***Vanpool ID#***_____

Start Date: _____ ***Mileage Range:*** _____***Payroll Deduction Amount:*** _____