



# vRide Vanpool Program Application



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 Vanpool	

## 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: \_\_\_\_\_