



Vanpool Program Application

Personal Information:

Employee ID #	Last Name	First Name	
Home Address		City	Zip Code
Home/Cell Phone	E-Mail Address		

Work Information:

Department or Employer Name	Division	Inter Office Mail Code
Work Address	City	
Work Phone	Approx. One-Way Mileage from Home to Work	

Vanpool Information: Form a New Vanpool Join an Existing Vanpool

Requested Start Date	Vanpool Coordinator Name
Are you going to be an Alternate Driver?	If "yes" what is your Driver License #
Y / N	

Employee Authorization and Certification: I elect to participate in the San Bernardino County Commuter Services Program. By providing my signature below, I certify that I have read and agree with the terms and conditions in the Vanpool Policy:

- I understand my share of the vanpool rate may be adjusted periodically to reflect any changes in ridership, rate, and/or fuel card usage. In these cases, Commuter Services shall make the appropriate modifications and will notify me as they occur.
- I understand this authorization is in effect from the date of my signature, and will continue until such time that I terminate participation in the Vanpool Program. I understand to terminate participation, I must give advance notice of termination to Commuter Services in accordance with the schedule outlined in the "Rideshare Program Deduction Schedule" document.

All forms and supporting documentation (if applicable) may be submitted to HR – Commuter Services by interoffice mail, email, or fax via the contact information below.

Employee Signature

Date

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