



Vanpool and RideVan Plus Participant Agreement

COMPLETE ALL FIELDS - 2021 Participant Agreement Revised 05/11/2021 Page 1/1

Van Number: _____ Vanpool Join Date: _____ Vanpool POC: _____

PERSONAL INFORMATION	First Name _____		Last Name _____		MI _____					
	Personal Email Address _____			Mobile Phone _____						
	Home Address _____		Unit # _____	City _____	State _____	Zip Code _____				
	Mailing Address _____ <i>(if different from home address)</i>		Unit # _____	City _____	State _____	Zip Code _____				
	Emergency Contact _____		Relationship _____		Phone Number _____					
WORK INFORMATION	Company Name _____		Work Phone _____	Work Email Address _____						
	Company/Destination Address _____		Unit # _____	City _____	State _____	Zip Code _____				
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> TH	<input type="checkbox"/> F	<input type="checkbox"/> SA	<input type="checkbox"/> SU	<input type="checkbox"/> Check if you work an alternate schedule
ROLE	As a UTA Vanpool Participant, I am requesting to participate as <i>(check all that apply)</i> :									
	<input type="checkbox"/> Part-time Rider	<input type="checkbox"/> Full-time Rider	<input type="checkbox"/> Backup Driver	<input type="checkbox"/> Primary Driver	<input type="checkbox"/> Bookkeeper					
	<i>*Driver applicants must complete a separate driver application and participate in UTA sponsored driver training.</i>									

As a condition of participating in the UTA Vanpool program administered by UTA, I agree to comply with the UTA Vanpool Terms and Conditions, the UTA Vanpool Operations Manual, and this Participant Agreement (collectively the "Agreement"), copies of which are available on the UTA website. I understand and acknowledge that this Agreement establishes my rights and responsibilities as a participant in the UTA Vanpool Program. **I understand this Agreement shall be effective on the date signed on this Vanpool Participant Agreement and shall continue in force until fifteen (15) days after either party gives notice of an intent to terminate. I understand that I must give notice of termination to both the Vanpool group point of contact and the UTA Vanpool department.** I also understand that UTA will store my personal information in an electronic database and that the Security and Privacy Policy is available online at <http://www.utacommuter.com>.

Printed name: _____ Signature: _____ Date: _____

***I certify that the above information is true and correct and agree to notify UTA should any of the information provided above change.**

ACCESSIBILITY:

If you should need assistance completing this agreement or have questions, please contact the ADA Compliance Officer at 801.287.3536 (voice) or dial 711 to make a relay call.