



Vanpool and RideVan Plus Participant Agreement

COMPLETE ALL FIELDS - 2017 Participant Agreement Revised 01/24/2018 Page 1/1

Van Number: _____ Vanpool Join Date: _____ Group Contact: _____

PERSONAL INFORMATION	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
	First Name	Last Name	MI	Gender
	_____	_____		
	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		
	_____	_____	_____	_____
	Company Mailing 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	
Shift Start Time	Shift End Time			
VANPOOL 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
<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 I have received. 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.*

For Office Use				
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
V-Code	Commuter ID	Account #	Fare Card #	ECO