

Vanpool Vehicle # _____

**State of Kansas
Vanpool Program**

Driver's Agreement to Participate

Name _____ Home Phone _____

Home Address _____ City _____ Zip _____

Kansas Driver's License Number _____

Agency/Company _____ Work Phone _____

Work Building/Address _____

E-Mail Address _____

City the Vanpool is Based in _____

The undersigned hereby states his or her intention to participate as a driver in the State of Kansas Vanpool Program.

This agreement shall become effective on _____ and remain in effect until terminated.

The undersigned agrees to:

1. Operate the van in a safe and prudent manner and report any traffic citations on your driving record
2. Be at the vanpool pickup location at the scheduled time, the vanpool will not wait more than three (3) minutes after the scheduled pickup time before leaving
3. Collect and remit the other passengers' fares to DFM by the sixth (6th) day of the following month
4. Maintain accurate mileage and service logs for the vanpool
5. Notify the alternate driver/coordinator of specific dates, in advance whenever possible, when you will be unable to drive the vanpool
6. Provide written notification to DFM at least two (2) weeks in advance to terminate participation in the vanpool
7. Agree to abide by the vanpool regulations in K.A.R. Article 23

Participant's Signature _____ Date _____

Primary Driver's Signature _____ Date _____