



Thank you for your interest in becoming a volunteer community van driver with Mason Transit Authority (MTA). In this packet you will find the following documents: Volunteer Van Driver Selection/Retention Criteria; Volunteer Community Van Driver Function List; Volunteer Community Van Driver Inspection Check List; Public Release Authorization Form and a Community Van Volunteer Driver Application.

Prior to filling out the Volunteer Community Driver Application please read the eligibility/retention criteria. If you believe you are eligible to be a volunteer Community driver please read the Volunteer Community Driver Function List & Volunteer Driver Inspection Check List.

If you are able to perform the duties as described return the following documents:

- Completed Community Van Volunteer Driver Application
- Signed & dated Community Van Driver Function List
- Signed & dated Community Van Volunteer Driver Inspection Check List
- Complete driving history (abstract)
- Completed Public Release Authorization Form
- Copy of your current driver's license

You may drop them off in person at our administrative office Monday through Friday 8am to 5pm or mail them to:

MTA  
790 E Johns Prairie Rd  
Shelton WA 98584

Once your application has been approved, you will be contacted to discuss the next steps in becoming an approved volunteer community driver for MTA.



## COMMUNITY VAN VOLUNTEER DRIVER ELIGIBILITY & RETENTION CRITERIA

Community van drivers must have a valid, unrestricted (prescription lenses acceptable), non-probationary driver's license and five years of verifiable licensed driving experience, be at least 25 years of age and provide off street parking at residence or other pre-approved location.

Below is the eligibility and retention criterion utilizing a point system (see attached chart). The total points are compared with an acceptable risk of **three** or below. Each citation/accident appearing within a three year period is counted except as noted below.

**Never Eligible Offenses:** Any conviction surrounding a fatal accident (vehicular homicide, manslaughter, etc.), using a vehicle in commission of a felony, and/or vehicular assault appears on your driving record.

**10 Year Ineligible Offenses:** Any conviction for negligent driving, reckless driving, hit and run, leaving an accident scene or driving under the influence of drugs or alcohol.

**5 Year Ineligible Offenses:** Any conviction for suspension/revocation related to a 4 point offense.

**3 Year Ineligible Offenses:** Any conviction or combination of convictions earning 4 or more points.

**Insurance History:** Cancellation or non-renewal of insurance coverage within the past 5 years will be reviewed. If the action is related to the applicant's driving behavior, the application may be rejected. Filing of a Certificate of Financial Responsibility by a potential volunteer driver due to his/her personal driving record may also result in application rejection.

**Ability to Perform Essential Driving Functions:** A volunteer driver must be able to perform essential driving functions as listed on the Volunteer Driver Essential Functions form.

**Ability to Perform Inspection Checklist:** A volunteer community van driver must be able to perform the required daily, weekly and monthly checklist.

Points	Offense
<b>+ 1 point</b>	<b><i>Additional point added to any offense that occurred in a vanpool vehicle</i></b>
2	Operating without lights on
2	Carpool lane violation
2	Driving on the shoulder
2	Driving without insurance
2	Failure to appear
2	Failure to signal
2	Following too close
2	Impeding traffic (travelling too slowly)
2	Improper lane travel
2	Speeding (0-8 mph over the speed limit)
2	Distracted Driving
3	Improper child restraint
3	Failure to yield to emergency vehicle
3	Speeding (9-12 mph over the speed limit)
3	Driving without a valid license
3	Seatbelt use violation
3	Speeding in a school zone (1 – 5 mph over the speed limit)
4	Speeding in a school zone (6 mph and over the speed limit)
4	Cell phone use or texting violation
4	Deferred prosecution for negligent driving, reckless driving, hit and run, leaving an accident scene, driving under the influence of drugs or alcohol
4	Driving too fast for conditions
4	Failure to yield or stop disobeying a road sign
4	Illegal passing, turning or lane change
4	Red light camera violation
4	Speeding (13 mph over the speed limit)
4	Violation of bus stop paddle

A good volunteer driver is the most important ingredient in any community van program. MTA has established these specific guidelines to qualify those persons who have volunteered to drive a public community van vehicle to assure safe, reliable transportation to the public.

If you believe you qualify to be a driver for MTA's community van program based on the above criteria review the attached Community Van Volunteer Driver Functions & Community Van Volunteer Driver Inspection Checklist. If you are able to perform the functions as described fill out the attached Community Van Volunteer Driver Application.



## COMMUNITY VAN VOLUNTEER DRIVER ESSENTIAL FUNCTIONS

As a volunteer community van driver you must be able to:

- ☐ Understand, adhere to, and apply Washington State traffic laws
- ☐ Understand, adhere to, and apply MTA's community van policies and procedures.
- ☐ Understand and apply the principles of defensive driving.
- ☐ Safely operate a 15' to 21' van
  - Carrying up to 15 passengers;
  - In potentially heavy traffic;
  - Over a variety of roadways, including narrow city streets;
  - On a planned route; and while adhering to an established time schedule.
- ☐ Meet the requirements of the state law, which requires that seatbelts be properly worn at all times by you and your passengers.
- ☐ Enter and exit the van's driver seat, sit upright in seat, bend, reach, kneel, stretch, and turn as appropriate to inspect all items on the van that you are going to operate.
- ☐ Bend, reach, stretch, and turn as appropriate to manipulate all vehicle controls while safely operating the vehicle.
- ☐ Read vehicle instrument panel/gauges, traffic signs, and look for pedestrians, and take prompt effective action to deal with them safely.
- ☐ Provide for the well-being of yourself and passengers in emergencies and special situations.
- ☐ Communicate effectively with the public, community van participants, transit agency representatives, and if necessary, public safety officers.
- ☐ Ensure that written and verbal reports are completed accurately and on time.
- ☐ Ensure that daily pre-trip inspections, weekly and monthly vehicle maintenance inspections are performed in accordance with established checklists and vehicle receives servicing at established intervals.
- ☐ Ensure the vehicle interior and exterior is cleaned at established intervals.
- ☐ Ensure that the vehicle is safely fueled at self-service pumps and tire pressure and wear is checked at every fueling.
- ☐ Be reachable by cell, telephone, or email during normal business hours.
- ☐ Be able to recognize when a physical or mental condition or required medication may impair the ability to safely operate a community van vehicle and take appropriate action to find a substitute or make other arrangements.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## COMMUNITY VAN VOLUNTEER DRIVER INSPECTION CHECK LIST

- ☐ Perform the daily inspections and immediately report any problems to MTA's Operations Coordinator.
  - ✓ Check for fluid leaks.
  - ✓ Check for body damage.
  - ✓ Ensure that no obstacles are in the path of the vehicle.
  - ✓ Check gauges after thirty-second vehicle warm-up.
  - ✓ Ensure mirrors are clean and properly adjusted.
  - ✓ Ensure windows are clean and clear of fog, ice, or snow before operating vehicle.
  - ✓ Report any chips or cracks at service time or immediately if they are serious.
  - ✓ Ensure that seatbelts are all operational and ensure that all passengers wear a seat belt at all times while in the van.
  - ✓ Ensure that the interior of the van is clean and free of debris and that the area under the driver's seat is free of any items (flashlight, camera, etc.).
  - ✓ Check that the brakes are working properly.
  - ✓ Ensure that the steering operates properly.
  - ✓ Check the exhaust system to ensure proper operation and ventilation.
- ☐ Perform weekly inspections.
  - ✓ Check oil level. Add oil, using container in van, if needed.
  - ✓ Check to ensure the coolant/antifreeze level is adequate. Add fluid if needed.
  - ✓ Check the windshield fluid level. Add fluid if needed.
  - ✓ Check the power steering fluid level. Add fluid if needed.
  - ✓ Check the transmission fluid level. Add fluid if needed.
  - ✓ Check the brake fluid level. Add fluid if needed.
  - ✓ Check the tire pressure and tire tread. Fill air to appropriate level. Report unusual tire wear.
  - ✓ Check the wipers; as necessary replace or request to have them replaced at next scheduled service date.
- ☐ Perform monthly inspections.
  - ✓ Check belts and hoses. Report any unusual wear.
  - ✓ Check that headlights, taillights, directional signals, and emergency flashers work properly.
  - ✓ Check that the battery cable is tightly attached and free of corrosion.
  - ✓ Ensure that the heater, defroster, and air conditioner work properly.
  - ✓ Swap primary van for spare van within 48 hours of a phone call from the MTA Operations Coordinator or Maintenance department. This turnaround ensures timely maintenance of the vehicles.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## COMMUNITY VAN VOLUNTEER DRIVER APPLICATION

This application is used to establish your eligibility as a volunteer driver of an MTA community van. The information you provide helps us assure you, our community van groups, and the public that the highest standards of safety and accountability are maintained. We appreciate your cooperation and interest in our community van program. Return completed application to MTA's Operations Coordinator.

**PLEASE PRINT**

**All applicants must read, complete all questions, and sign in the signature block on this application.**

Full Name:		Date of Birth:	
Address/City/State/Zip:			
Mailing Address (if different than above):			
E-mail address:			
Home Phone:		Cell Phone:	
Employer:		Work Phone:	
Supervisor:		Supervisor's Phone:	
Job Title:		Length of employment:	
Work Address/City/Zip Code:			
Do you have a current and valid Washington State Driver's License? <i>(please attach a legible copy)</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If no, please explain:</i>			
How long have you had a driver's license? Years/Months		What year was your Washington State license originally issued?	
Driver's License Number:		Expiration Date:	
If licensed in Washington State less -than five years, list number/state licenses previously issued in: <div style="display: flex; justify-content: space-between;"> <span><i>License Number/State:</i></span> <span><i>License Number/State:</i></span> </div>			
Are there any restrictions on your driver's license? <i>If restricted, state type and date of restriction:</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had your driver's license suspended, revoked, or refused? <i>If yes, please explain:</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been required by the State to file evidence of Financial Responsibility (SR22)? <i>If yes, please explain:</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of your automobile insurance company & policy #: <i>Please attach a legible copy of your current insurance card that shows your name.</i>			
Has an insurance company ever refused, cancelled, non-renewed, or given notice of intention to non-renew automobile insurance to you? <input type="checkbox"/> No <input type="checkbox"/> Yes, Cancelled <input type="checkbox"/> Yes, Refused <input type="checkbox"/> Yes, Non-renewal <i>If yes, please explain and list company and agent name and phone:</i> <div style="display: flex; justify-content: space-between;"> <span><i>Date:</i></span> <span><i>Reason:</i></span> </div>			

Have you been convicted during the last 10 years of driving while intoxicated or under the influence of drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain (date, charge, jurisdiction, etc.):</i>				
<b>Indicate all moving violations or citations (other than parking) that you have been convicted of, forfeited bail, or paid any fines for during the past 3 years. Please give full details, including dates, below. If more space is needed, use a separate sheet.</b>				
<b>A</b>	Date:	Time:	Location (City and State):	
	Conviction:			
	If speeding, legal limit:	Your speed:	Amount of Fine: \$	
	Remarks:			
<b>B</b>	Date:	Time:	Location (City and State):	
	Conviction:			
	If speeding, legal limit:	Your speed:	Amount of Fine: \$	
	Remarks:			
<b>List ALL motor vehicle accidents you have been involved in during the last 5 years.</b>				
<b>#1</b>	Date:	Time:	Driver:	Violation:
	Who was at fault?		Damage to your vehicle?	Amount: \$
	Bodily injury?		Damage to other property?	Amount: \$
	Description:			
<b>#2</b>	Date:	Time:	Driver:	Violation:
	Who was at fault?		Damage to your vehicle?	Amount: \$
	Bodily injury?		Damage to other property?	Amount: \$
	Description:			
Can you provide off-street parking for the van at your home? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>				
Have you taken a defensive driving course? <i>If yes please provide a copy of certificate and the following information.</i> Name of Course _____ Date Completed _____ <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>				
Do you have any conditions that may affect your ability to perform all requirements of operating the community van vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes please explain:</i>				
Have you driven a community van before? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span> <i>If yes, state for whom, when, where, how long:</i>				
Are you willing to drive for other groups? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span> If yes, may we give out your contact information? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>				
By signing below, I understand that this application warrants a verification of information provided. Applications for Volunteer Driver authorize Mason Transit to obtain as often as desired my driving record including all Department of Licensing actions that have taken place regarding the drivers' license I now hold, have held or in the future may obtain. This release continues in effect as long as I remain eligible as a volunteer driver of the MTA Community Van Program. If you wish to be removed from the Community Van Program eligible drivers list please contact the Operations Coordinator at 360-432-5725.				
<b>Print Name:</b>				
<b>Signature:</b>			<b>Date:</b>	



## ***Public Release Authorization***

I, \_\_\_\_\_, authorize MTA to conduct a reference check and monitor my driving record, in conjunction with being retained as an approved volunteer driver or to determine eligibility as a prospective volunteer community van driver with the Community Van Program.

I understand this release will remain in effect while I am actively participating in the Community Van Program unless otherwise requested. At any time I may request, in writing, that MTA stop monitoring my driving record; such request will end my status as an approved volunteer community van driver with MTA.

Date: \_\_\_\_\_

Driver's license #: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_