

**Vanpool Benefits Rules of Use and Policy Acknowledgement**

Employee Name:  Department:

Work (or home) email:  Worksite:

Contact Number (cell, home, or work phone number):

Employee ID/ORCA # (All numbers in front of your ID):

Vanpool #:  Average # of days scheduled to work/week:

Home address: City:       Zip Code:

Vanpool Program: King  Snohomish  Kitsap  Pierce

(**Please make sure you have provided all the information, above**.)

**I acknowledge that I have read and understand the King County Employees Vanpool Benefits Rules of Use and Policy.**

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_

*Please note: You may send this form to ETP electronically as an attachment to an email* [ETP@kingcounty.gov](mailto:ETP@kingcounty.gov)*, mail the form to ETP via interoffice mail: KSC – TR – 0411, or mail the form to Employee Transportation Program, KSC – TR – 0411, 201 South Jackson Street, Seattle, WA 98104.*