o General vanpool



Vanpool Roster Registration Form

Please fill out all sections of the application, save it and e-mail it to vanpool@metc.state.mn.us for processing. Incomplete applications cannot be processed.

A. Please identify all your pool members with printed information as indicated below

A vanpool is defined as 5 to 15 persons riding in the same van at least 3 days per week.**

Please note any additional requirements or exceptions listed in each box.

Pools requesting preferential parking at an employer or school location must follow the rules set by that specific employer or school.

All parking opportunities are pending availability. Please call 651-602-VANS for more information.

1. Primary Driver	
Name of pooler	Company Name/School Name
Home Address (Street, Apt. #)	Company/School Address (Street Apt. #)
City, State, ZIP	City, State, ZIP
Home Phone Number	Work Phone Number
E-mail Address	Signature (I verify that my information is true and correct, and that I have read the Tennessen Warning on Page 4)
2. Principal Back-up Driver O PRIMARY BACK-UP DRIVER	
Name of pooler	Company Name/School Name
Home Address (Street, Apt. #)	Company/School Address (Street Apt. #)
City, State, ZIP	City, State, ZIP
Home Phone Number	Work Phone Number
E-mail Address	Signature (I verify that my information is true and correct, and that I have read the Tennessen Warning on Page 4)
3. Vanpooler O BACK-UP DRIVER	
Name of pooler	Company Name/School Name
Home Address (Street, Apt. #)	Company/School Address (Street Apt. #)
City, State, ZIP	City, State, ZIP
Home Phone Number	Work Phone Number
E-mail Address	Signature (I verify that my information is true and correct, and that I have read the Tennessen Warning on Page 4)
4. Vanpooler O BACK-UP DRIVER	
Name of pooler	Company Name/School Name
Home Address (Street, Apt. #)	Company/School Address (Street Apt. #)
City, State, ZIP	City, State, ZIP
Home Phone Number	Work Phone Number
E-mail Address	Signature (I verify that my information is true and correct, and that I have read the Tennessen Warning on Page 4)

5. Vanpooler O BACK-UP DRIVER	
Name of pooler	Company Name/School Name
Home Address (Street, Apt. #)	Company/School Address (Street Apt. #)
City, State, ZIP	City, State, ZIP
Home Phone Number	Work Phone Number
E-mail Address	Signature (I verify that my information is true and correct, and that I have read the Tennessen Warning on Page 4)
6. Vanpooler O BACK-UP DRIVER	
Name of pooler	Company Name/School Name
Home Address (Street, Apt. #)	Company/School Address (Street Apt. #)
City, State, ZIP	City, State, ZIP
Home Phone Number	Work Phone Number
E-mail Address	Signature (I verify that my information is true and correct, and that I have read the Tennessen Warning on Page 4)
7. Vanpooler O BACK-UP DRIVER	
Name of pooler	Company Name/School Name
Home Address (Street, Apt. #)	Company/School Address (Street Apt. #)
City, State, ZIP	City, State, ZIP
Home Phone Number	Work Phone Number
E-mail Address	Signature (I verify that my information is true and correct, and that I have read the Tennessen Warning on Page 4)
8. Vanpooler O BACK-UP DRIVER	
Name of pooler	Company Name/School Name
Home Address (Street, Apt. #)	Company/School Address (Street Apt. #)
City, State, ZIP	City, State, ZIP
Home Phone Number	Work Phone Number
E-mail Address	Signature (I verify that my information is true and correct, and that I have read the Tennessen Warning on Page 4)
9. Vanpooler O BACK-UP DRIVER	
Name of pooler	Company Name/School Name
Home Address (Street, Apt. #)	Company/School Address (Street Apt. #)
City, State, ZIP	City, State, ZIP
Home Phone Number	Work Phone Number
E-mail Address	Signature (I verify that my information is true and correct, and that I have read the Tennessen Warning on Page 4) (I verify that my information is true and correct, and that I have read the Tennessen Warning on Page 4)

10. Vanpooler OBACK-UP DRIVER	
Name of pooler	Company Name/School Name
Home Address (Street, Apt. #)	Company/School Address (Street Apt. #)
City, State, Zip	City, State, Zip
Home Phone Number	Work Phone Number
E-mail Address	Signature (I verify that my information is true and correct, and that I have read the Tennessen Warning on Page 4)
11. Vanpooler O BACK-UP DRIVER	
Name of pooler	Company Name/School Name
Home Address (Street, Apt. #)	Company/School Address (Street Apt. #)
City, State, Zip	City, State, Zip
Home Phone Number	Work Phone Number
E-mail Address	Signature (I verify that my information is true and correct, and that I have read the Tennessen Warning on Page 4)
12. Vanpooler O BACK-UP DRIVER	
Name of pooler	Company Name/School Name
Home Address (Street, Apt. #)	Company/School Address (Street Apt. #)
City, State, Zip	City, State, Zip
Home Phone Number	Work Phone Number
E-mail Address	Signature (I verify that my information is true and correct, and that I have read the Tennessen Warning on Page 4)
13. Vanpooler O BACK-UP DRIVER	
Name of pooler	Company Name/School Name
Home Address (Street, Apt. #)	Company/School Address (Street Apt. #)
City, State, Zip	City, State, Zip
Home Phone Number	Work Phone Number
E-mail Address	Signature (I verify that my information is true and correct, and that I have read the Tennessen Warning on Page 4)
14. Vanpooler O BACK-UP DRIVER	
Name of pooler	Company Name/School Name
Home Address (Street, Apt. #)	Company/School Address (Street Apt. #)
City, State, Zip	City, State, Zip
Home Phone Number	Work Phone Number
E-mail Address	Signature (I verify that my information is true and correct, and that I have read the Tennessen Warning on Page 4)

15. Vanpooler OBACK-UP DRIVER	
Name of pooler	Company Name/School Name
Home Address (Street, Apt. #)	Company/School Address (Street Apt. #)
City, State, ZIP	City, State, ZIP
Home Phone Number	Work Phone Number
E-mail Address	Signature (I verify that my information is true and correct. and that I have read the Tennessen Warning on Page 4)

Tennessen Warning

- 1. You will be asked to provide certain information on this form for the purpose of providing you and like applicants with rideshare services.
- 2. Participation in the Metro Vanpool vanpooling program is strictly voluntary, and you are not required by law to furnish any of the information requested on this form.
- 3. The following information requested on this form is classified as private data under the Minnesota Government Data Practices Act: (a) your residental address and telephone number; (b) your beginning and ending work hours; (c) your current mode of commuting to and from work; and (d) the type of rideshare service information you have requested. All other information you provide is considered public data and is accessible by any person for any reason.
- 4. You should know that any of the information you provide, whether classified as private or public data, will be provided to certain other entities and individuals in order to supply you with the requested rideshare services. These entities and individuals include other agencies or governmental units, employers that are participating in the matching of information of rideshare applicants, and other matched rideshare applicants. In order to provide you with rideshare service(s), match lists containing your name, address, employer, telephone number(s) of your choice, working hours and rideshare preference may be sent to any of the above entities or individuals.
- 5. The only consequences of not furnishing all of the information on this form are: 1) the rideshare program will be denied data to be used for statistical evaluation, and 2) the rideshare program's ability to supply you with the requested services may be restricted.
- 6. The information provided by you on this form will be used solely and exclusively for providing you and like applicants with rideshare service.

Dear Valued Commuter,

Thank you for taking the time to register your vanpool with the Metropolitan Council. Commuters receive many benefits from sharing a ride, including preferential or reduced rate pool parking, cost and time savings, and reduced traffic congestion and air pollution.

**Primary vanpool drivers and primary backup drivers are eligible for Driver Rewards. The primary driver will receive \$100 after 6 months of continuous driving, and then \$100 every year after that. The primary backup driver will receive \$50 after 6 months, and then \$50 every year after that. Please note that each vanpool can have only one primary driver at any given time. Vanpools are allowed to have more than one backup driver, but only one per vanpool is eligible for Driver Rewards.

*Metro Vanpool is a program offered by the Metropolitan Council, and they will pay 50-55% of the van's lease for qualified vanpools. For more information on the Metro Vanpool program, please refer to the Metro Vanpool brochure.

To register your vanpool, please complete the information on this form and mail to Metropolitan Council or fax to 651-602-1739. Once the pool registration form has been verified, the primary driver will receive one permit tag and instructions within 7 to 10 business days.

Metropolitan Council reserves the right to change the Metro Vanpool and Driver Rewards programs at any time based on changes to program goals or funding.

Join the Guaranteed Ride Home program and we'll make sure you get home

Vanpoolers are eligible for the Guaranteed Ride Home program as part of your registration on the rideshare database. Trips must be a part of your school or work commute. Acceptable uses include leaving work due to illness or having to pick up a sick child, having to work unexpected overtime, or if your vanpool is not available to leave when needed. Registered vanpool participants can request reimbursements for 24-hour Enterprise rental car, transit or cab fare reimbursement up to four times per year or \$100 in value, whichever comes first, for eligible trips with valid documentation.

A pool registration must be renewed every 6 months.

This form can be filled out online, saved and e-mailed to vanpool@metc.state.mn.us or it may be printed out and mailed to:

Metropolitan Council

Metro Vanpool 390 Robert Street North, 5th Floor St. Paul, MN 55101-1805