

PARTICIPANT SIGN-UP FORM

KCATA AdVANTage Vanpool Program

This form is for expressing your interest in the AdVANTage Vanpool Program.

What is your area of interest in the AdVANTage Vanpool Program? (Circle one.)

Driver Back-up Driver Passenger

CONTACT INFORMATION

First Name _____ Middle Initial ____ Last Name _____

Home Address _____

City _____ State _____ Zip _____

Home phone _____ - _____ - _____

Work phone _____ - _____ - _____

Cell Phone _____ - _____ - _____

Email _____

TRANSPORTATION INFORMATION

What major intersection is closest to your home? _____

What streets and highways do you use to get to work? _____

Employer Name _____

Work Address _____

City _____ State _____ Zip _____

What days do you work? (Circle all that apply.)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What is your work start time? _____:_____ AM or PM

What is your work ending time? _____:_____ AM or PM

Do you have some flexibility in your work hours? (Circle one.) Yes No Sometimes

How do you normally commute to work? (Circle one.) Drive Alone Carpool Other

If you picked "Other", please describe: _____

Thank you for your interest and for submitting your information.

Mail or fax to:

AdVANTage Vanpool
KCATA
1350 East 17th Street
Kansas City, MO., 64108
Fax: 913 273-0042
Email: dbrown@kcata.org