

**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](mailto:dbrown@kcata.org)