



**UNIVERSITY OF SOUTHERN CALIFORNIA  
VANPOOL REGISTRATION**

(Please Print)

Applicant's Name: \_\_\_\_\_  
Last First M.I.

USC Employee/Student #: \_\_\_\_\_ Faculty/Staff \_\_\_\_\_ Student \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City/Zip

Home Phone: \_\_\_\_\_ Mail Code: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Department Name: \_\_\_\_\_

Scheduled Work Hours: \_\_\_\_\_ to \_\_\_\_\_

I am interested in riding: Full-time \_\_\_\_\_ or Part-time \_\_\_\_\_

I am applying for vanpool service from (area): \_\_\_\_\_

Start Date: \_\_\_\_\_ Do you currently have a parking permit? \_\_\_\_\_

Do you require an ADA/wheelchair accessible van? \_\_\_\_\_

**Emergency Contact & Information**

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

Address (Day): \_\_\_\_\_

Day Phone#: \_\_\_\_\_ Evening Phone#: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_  
Name of Insurance Company Phone#

I certify the foregoing information to be true and hereby apply for the USC Vanpool service indicated above. I certify that I have read and agree to abide by the Policies and Procedures pertaining to the aforementioned service.

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

**Payroll/Fee Bill Reduction:** I am eligible and authorize monthly vanpool fee reduction until revoked in writing.

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