Los Altos United Methodist Church

Driver's Application

Date: _____

Name: _____
last first middle

(Identity must be confirmed with a state driver's license or other photographic identification)

Present Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (___)_____ Work Phone: (___)_____

Social Security Number: (*optional*)_____-____-_____ Date of Birth:_____

Driver's License Number: _____ State: _____ Exp.: _____

1. I have never been denied a license, permit or privilege to operate a motor vehicle.

2. I have never had my driver's license, permit or privilege suspended or revoked.

3. I have never had automobile insurance denied or cancelled.

4. I have been legally driving for over three (3) years.

List any exceptions here: _____

_____

_____

_____

_____

_____

5. Please list your automobile insurance carrier and policy number: _____

_____

I have read the LAUMC Volunteer and Child Protection Policy and agree to abide by the policies therein. I will inform LAUMC of any moving violations or at-fault accidents that occur during my tenure as an LAUMC driver whether or not they occur while volunteering, and agree to maintain at least the minimum level of auto insurance on my vehicle if driving my personal auto as a volunteer. I also understand that it is the policy of LAUMC that all passengers and drivers must at all times be seat-belted when riding in connection with an LAUMC program. I agree to abide by this policy and will not transport a passenger who refuses to fasten or have their seat belt fastened unless excused from this requirement with a physician's certificate.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature: _____ Date signed: _____