



VOLUNTEER DRIVER APPLICATION FORM

The purpose of this form is to protect those participating in church activities by being selective in the designation of persons authorized to drive personal and/or Christ United Methodist Church (“CUMC”) owned/rented vehicles for church sponsored events. Volunteer Driver Application Forms must be completed yearly. By signing and submitting this application, you grant CUMC permission to verify any information provided in this application and to conduct any driver and/or criminal record checks deemed appropriate by CUMC.

Also, see attached North Texas Conference of the United Methodist Church Driver Eligibility Guidelines.

NOTE: You MUST SUBMIT with this form a copy of your driver’s license and current vehicle insurance declaration page.

Section I: Personal Information

Name _____ Date of Birth _____

State of Texas Driver’s License # _____ Expiration Date _____

Social Security Number _____

Street Address _____

City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____

Number Years Driving Experience _____

Section II: Vehicle Information (list any vehicles you own that you may use for CUMC event transportation)

Vehicle #1: Model/Year _____

License Plate # _____

Number of Working Seatbelts _____

Vehicle #2: Model/Year _____

License Plate # _____

Number of Working Seatbelts _____

Section III: Insurance Information - CUMC requires volunteer drivers of private vehicles to have a minimum amount of liability insurance as follows: (1) \$100,000 liability per person for bodily injury; (2) \$300,000 liability per incident for bodily injury for all vehicle occupants; and (3) \$100,000 liability for property damage. **Attach a copy of your current insurance policy declaration page.** Please provide insurance information for all vehicles listed above.

Vehicle #1: Insurance Co. _____

Policy # _____

Insurance Agent _____ Phone # _____

Liability/person bodily \$ _____ Liability/incident \$ _____

Liability/property \$ _____

Vehicle #2: Insurance Co. _____

Policy # _____

Insurance Agent _____ Phone # _____

Liability/person bodily \$ _____ Liability/incident \$ _____

Liability/property \$ _____

Section IV: Driving Record Information – If answering “yes” to any of the following, please attach a separate sheet describing the nature of the ticket(s), infraction (s), and/or accident(s).

Yes ___ No ___ Have you been involved in an automobile accident within the past three (3) years?

Yes ___ No ___ Have you been ticketed for moving violations within the past three (3) years?

Yes ___ No ___ Have you ever been convicted or has your license ever been suspended or revoked for any of the following (circle all that apply):

- | | |
|---|---|
| Reckless or negligent operation of a vehicle | Permitting an unlicensed person to drive |
| Driving while under license suspension/revocation | DWI/DUI alcohol or drugs |
| Using a motor vehicle in the commission of a felony | Unlawfully leaving the scene of an accident |
| Negligent homicide arising out of use of a motor vehicle | Eluding an officer |
| Aggravated assault arising out of the use of a motor vehicle | Hit and run |
| Operating a vehicle without the owner’s permission | More than 5 moving violations |
| Unlawfully transporting controlled substance/hazardous material | |

Section V: Requirements and Declaration – Please certify to each of the following statements by initialing in the spaces provided.

___ I possess a valid driver’s license from the State of Texas.

___ I have consulted with my insurance agent to determine if there are any liability policy limits or exclusions regarding transporting CUMC groups that might affect my ability to meet the

qualifications for a volunteer driver as provided herein, and I am not aware of any such limits or exclusions after talking with my insurance agent.

___ I have informed my insurance agent of my intention to use my vehicle and to be a volunteer driver for CUMC events to determine whether a passenger endorsement is required to participate as a volunteer driver.

___ I will maintain at least the minimum insurance coverage required by CUMC for volunteer vehicle(s) listed in Vehicle Information and only volunteer to drive when such insurance policies and coverage listed in Insurance Information are in force.

___ When driving a privately owned vehicle, I understand that in case of any accident, injury, or vehicle damage, CUMC's liability insurance policy does not provide primary or direct insurance on my vehicle(s). CUMC's insurance may take effect only after my personal auto insurance limits are exhausted and does not provide any comprehensive or collision coverage on my vehicle(s). I also understand and acknowledge that any additional automobile liability insurance protection that may be provided under CUMC's comprehensive general liability insurance policy is only for authorized drivers while transporting passengers in privately owned vehicles on CUMC sponsored/sanctioned events. I understand CUMC's insurance is only for an amount in excess of the limit of liability provided by the private vehicle owner's or driver's liability insurance policy. Damage to any private vehicle is the responsibility of the volunteer driver.

___ To my knowledge, my vehicle(s) listed in the Vehicle Information section, has a current, valid registration and operating license, is in safe operating condition (brakes, tires, etc.), complies with all applicable Texas laws, and has a current, valid inspection sticker.

___ I am in good physical and mental health, it is safe for me to drive and neither my driver's license nor my ability to operate a vehicle is limited by any medical, physical, or emotional restriction or condition.

___ I am at least 25 and not over 75 years old and have a good driving record with at least five (5) years of extensive driving experience.

___ I understand that, if approved as a CUMC Volunteer Driver, I have a continuing obligation to advise CUMC of any change of information provided in this form including, but not limited to, involvement in a car accident in which I am cited, any citations for moving violations, non-renewal of license, termination of license, change of insurance company, change in amounts of insurance coverage, termination of insurance, or change in vehicle(s). I will promptly provide this information.

___ Persons in my vehicle will be seated and secured with individual working seatbelts in both the front and back seats. No double belting is permitted.

___ I will comply with Texas laws, and the laws of other states in which I travel on a CUMC event trip, with regard to use and security of child restraint seats, lap/shoulder belt seating positions, restrictions on use of booster seats or other safety systems (including, but not limited to occupancy and seat facing designations for seats exposed to air bags).

___ I affirm that I will carefully transport all persons under my care, including obeying all traffic laws.

In signing this form I certify that the information given by me is true and correct to the best of my knowledge, and grant CUMC permission to obtain a copy of my

motor vehicle driving record and to conduct any driver or criminal record checked deemed appropriate by CUMC. I unconditionally release and hold harmless CUMC and its officers, agents, and employees, and any person furnishing information to them pursuant to this authorization, from any liability, claims, charges, costs, or causes of action which I or my heirs, executors, or assigns may have as a result of the delivery, disclosure, non-disclosure, or omission of any information. I additionally agree to indemnify CUMC and its officers, agents and employees for any and all attorney fees, court costs, and other expenses resulting from investigating my background, gathering information concerning me, or verifying personal information about me. I understand the information obtained by CUMC pursuant to this authorization is confidential and will be protected as much as reasonably possible. Furthermore, I understand that CUMC holds the right to deny my participation as a volunteer at CUMC, and, for confidentiality, is not required to disclose the reason(s) for doing so. A photocopy of this authorization may be accepted in lieu of the original.

Driver's Signature _____ Date _____

(For CUMC Use Only)

___ Approved as CUMC Volunteer Driver

___ Declined as CUMC Volunteer Driver

CUMC Staff Signature _____ Date _____