

Centreville United Methodist Church **Driver Requirements/Responsibilities**

- A. Applicants must be 25 years of age or older.
- B. Drivers must fill out an application available at the church and submit it along with copies of driver's license and driving record to the Transportation Committee for review. Application will stay on file for one year.
- C. Applicants who are members of the church or staff of the church are eligible to be drivers
- D. Applicants who are non-church members and non-staff may be drivers for organizations that are a part of the church programs or clearly affiliated with and sponsored by the church.
- E. Driver is responsible for the safety of the passengers. Use common sense.
- F. Driver must insure that each passenger is wearing a seat belt – one person per seat belt.
- G. Costs for the gas are the responsibility of the group using the van. Van should be returned in clean condition and with a full gas tank.
- H. Mobil phone is for emergency use only.
- I. There is no smoking or consuming of alcoholic beverages in the van.
- J. Driver is responsible for a pre-trip inspection. Note any physical damage to exterior and interior of van.
- K. A member of the Transportation Committee will inspect van after each trip.
- L. Responsibility for the routine administration of this policy rests with the Transportation Committee. The Board of Trustees has the final say in the administration of the church drivers policy and any disputes regarding this policy.
- M. This policy may be amended at any time upon approval of the Board of Trustees.

A copy of these responsibilities should be kept by each driver!

**Centreville United Methodist Church
Driver Application Form**

Name: _____

SSN : _____ - _____ - _____ Date of Birth _____ / _____ / _____.

Address : _____.

City : _____ . State : _____ . Zip : _____

Work Phone : _____ . Home Phone : _____

Do you currently hold a valid driver's license ? Yes _____ No _____

State _____ License Number _____

Expiration Date : _____ / _____ / _____ . Restrictions : _____

Has your license ever been suspended, revoked or restricted? Yes _____ No _____

If yes, please provide details:

Has any company cancelled your personal auto insurance policy or refused to provide such a policy at any time? Yes _____ No _____

If yes, please provide details:

Do you suffer from any physical impairment other than the use of corrective lenses?
Yes _____ No _____

If yes, please provide details:

Driver applicants must furnish the CUMC Transportation Committee a copy of their license and a transcript of the Department of Motor Vehicle driving record from the state in which they reside or are licensed for the three years prior to the date of this application. This application will be updated annually.

I, the undersigned, certify that the information herein provided is true and complete to the best of my knowledge and that I have made no false, misleading, or erroneous statements. I understand that this information will be provided to the church insurance company. In the event I do not feel that I can carry out my driving responsibilities in a satisfactory manner, I will voluntarily remove my name from the CUMC drivers' list.

X _____ Date : _____ / _____ / _____
Signature of Applicant