



# Creekwood Student Ministry

261 Country Club Dr, Allen, TX 75002 214-544-8050 ext.107 [www.creekwoodyouth.org](http://www.creekwoodyouth.org)

## Adult Volunteer Driver Application

**Approval Date:** \_\_\_\_\_ (Valid for one year from approval date.)  
FOR OFFICE USE ONLY

Driver's name: \_\_\_\_\_

Driver's license number: \_\_\_\_\_

State of issue \_\_\_\_\_ Expiration date \_\_\_\_\_

Current home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell \_\_\_\_\_

Work phone \_\_\_\_\_ Email Address \_\_\_\_\_

Birth date \_\_\_\_\_ Social Security no. \_\_\_\_\_

**ALL DRIVER'S MUST QUALIFY UNDER RENTAL CAR AGREEMENTS FOR AGE LIMITATIONS.  
ALL INSURANCE OFFERED BY THE RENTAL CAR COMPANY WILL BE ACCEPTED ON ANY  
VEHICLE RENTAL.**

Type of license

- Operators
- Commercial (CDL)
- Chauffeur
- Other (please specify) \_\_\_\_\_

Describe any medical conditions that could affect your ability to safely transport students or adults.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of your last physical \_\_\_\_\_

List any medications you currently take that could potentially impair driving ability

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been convicted of any moving violations in the last five years?

- Yes  No If yes, please describe each conviction

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Do you have any restrictions or endorsements on your driver's license?

Yes  No If yes, please describe those restrictions or endorsements.

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Have you been involved in any motor vehicle accidents in the last seven years?

Yes  No If yes, please give date and briefly describe each accident.

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Have you been convicted of a DUI, or had your license revoked or suspended in the past 10 years?

Yes  No If yes, please provide complete details.

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Do you carry personal auto insurance?

Yes  No If yes, please identify the insurance company and policy #.

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Does Creekwood UMC have any reason to be concerned about your ability to be a responsible and careful driver?

Yes  No If yes, please briefly describe.

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I certify that all of the information on this application is truthful and completely accurate. I agree to notify the church within 14 days of any changes in any of the above information. **I authorize Creekwood United Methodist Church to verify this information with the Department of Motor Vehicles and to check references on my driving.** I understand that false statements on this application will constitute grounds for immediate dismissal.

By signing, I agree to abide by safe procedures established by the church and by the laws.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print name clearly \_\_\_\_\_

**Please attach a photocopy of your driver's license and your Insurance card to this application and thank you for taking the time to care about our student's safety!**