



Life Change Community Outreach, Inc. Volunteer Driver Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone #: _____

Driver's License #: _____ Expiration Date: _____

Insurance Company: _____

Policy #: _____ Expiration Date: _____

(Please note: As a volunteer driver, in the event of an accident, your insurance will serve as primary insurer. Liability coverage provided by LCCO, Inc. is secondary.)

Please list any moving violations, accidents, convictions in the past 3 years:

_____ Date: _____

_____ Date: _____

_____ Date: _____

Have you been convicted of a felony (yes or no)? _____

_____ Date: _____

My signature below certifies that the information given on this form is true and correct to the best of my knowledge and that I agree to the following: I understand that driving for LCCO, Inc. is an important responsibility and I will exercise care and due diligence while driving. • I understand that as a volunteer driver, I must be 21 years of age. • I certify that I possess a valid driver's license and have the proper and current vehicle license and registration. • I certify that I have the required insurance coverage in effect on the vehicle I will be driving. • I understand that I may not deliver by myself or with minor children without another adult in the vehicle • I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle. • I agree to adhere to the State of Oklahoma's safety belt laws and regulations. • I certify that the level of insurance on my vehicle is consistent with the liability limit requirements of the State of Oklahoma. • I agree not to promote any personal business or any other organization without the express written permission of LCCO, Inc. • I agree not to distribute any printed materials religious or business related without the express written permission of LCCO, Inc.

(Printed Name)

(Signature)

Date: _____