



# VOLUNTEER APPLICATION

## CITY OF RIDGECREST

100 W. California Avenue  
 Ridgecrest, CA 93555  
 (760) 499-5107

TODAY'S DATE: \_\_\_\_\_

### PERSONAL INFORMATION

**Name:** \_\_\_\_\_  
 (Last) (First) (Middle)

**Mailing Address:** \_\_\_\_\_  
 (Street and Number)

**Home Phone:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_

(City) (State) (Zip)

**Email Address:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Person to call in an emergency:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**How did you hear about volunteer opportunities at the City of Ridgecrest?**  
 Friend  Association with the program  City of Ridgecrest Website  Other \_\_\_\_\_

### EDUCATION AND SKILLS

<p><b>Do you need community service hours for: (check if applicable)</b></p> <p><input type="checkbox"/> High School <input type="checkbox"/> College</p>	<p><b>List any special training, education, skills or hobbies that help us to better place you as a volunteer.</b></p>	<p><b>Bilingual Skills – Please indicate language(s) and if you speak, read and/or write the language.</b></p>
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### WORK EXPERIENCE

**Present or previous occupations (include volunteer work).** Use separate sheet for additional employer information.

<b>Employer Name and Address:</b>	<b>Phone:</b>	<b>Duties:</b>
Dates: FROM: MM/YYYY	TO: MM/YYYY	Reason for Leaving:
<b>Employer Name and Address:</b>	<b>Phone:</b>	<b>Duties:</b>
Dates: FROM: MM/YYYY	TO: MM/YYYY	Reason for Leaving:
<b>Employer Name and Address:</b>	<b>Phone:</b>	<b>Duties:</b>
Dates: FROM: MM/YYYY	TO: MM/YYYY	Reason for Leaving:

<p>Have you ever been discharged or forced to resign from any position?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Have you ever been convicted as an adult for any violation of the law? Provide dates, location(s) and penalties. Exclude traffic violations under \$150 and convictions more than two years old for violation of Health and Safety Codes 11357(b) or (c), 11360(b), 11364, 11365 and 11550 as related to marijuana. Conviction is not necessarily a bar to selection. Each case will be given individual consideration. Failure to list all convictions other than those excluded may disqualify you from further consideration (If Yes – Explain under Remarks)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Has your driver's license ever been suspended or revoked?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Remarks (attach additional sheets if necessary)

**PERSONAL REFERENCES**

NAME	Address where person can be contacted (Include City, State, and Zip Code)	Telephone at which person can be contacted
	Home      Work      Other	Home      Work      Other
	Home      Work      Other	Home      Work      Other
	Home      Work      Other	Home      Work      Other

**VOLUNTEER INFORMATION**

**PLEASE CHECK THE TYPE OF VOLUNTEER WORK YOU WOULD LIKE TO DO:**

*All potential volunteers 18 years of age and older are subject to a criminal background check*

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Animal Shelter              | <input type="checkbox"/> Graffiti Clean-Up               |                                       |
| <input type="checkbox"/> LiveScan Fingerprinting     | <input type="checkbox"/> Clerical/Administrative Support | <input type="checkbox"/> Transport    |
| <input type="checkbox"/> Vacation House Check        | <input type="checkbox"/> Security Patrol                 | <input type="checkbox"/> Surveillance |
| <input type="checkbox"/> Traffic Control             | <input type="checkbox"/> Special Events                  | <input type="checkbox"/> Child ID     |
| <input type="checkbox"/> Emergency Operations Center | <input type="checkbox"/> Other _____                     |                                       |

**Please state what days and times you are available to volunteer.**

DAY	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
TIME							

**I understand that, as a volunteer, I am representing the City of Ridgecrest and will adhere to the guidelines set forth by the program. I acknowledge that the City of Ridgecrest does not take court referred volunteers.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
MM/DD/YYYY

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# ***CITY OF RIDGECREST***

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## **RIDGECREST POLICE DEPARTMENT Police And Community Together**

### **Volunteer Personal Data**

(PRINT ONLY – DO NOT TYPE)

Date \_\_\_\_\_  
MM/DD/YYYY

Full Name \_\_\_\_\_  
(First) (Middle) (Last)

Other Names Used/Maiden Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
MM/DD/YYYY

SSN# \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

Current Address \_\_\_\_\_  
(Street No.) (City) (State) (Zip)

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### **IN CASE OF EMERGENCY, NOTIFY:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
(Street No.) (City) (State) (Zip)

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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**100 West California Avenue, Ridgecrest, CA 93555-4054**

**Phone: (760) 499-5107**

**CITY OF RIDGECREST  
VOLUNTEER INFORMATION FORM**

DATE: (MM/DD/YYYY)		DEPARTMENT:	
APPLICANT NAME:			
SOCIAL SECURITY NUMBER:		DATE OF BIRTH: (MM/DD/YYYY)	
ADDRESS:			
CITY:	STATE:	ZIP:	
TELEPHONE NUMBER:		EMERGENCY CONTACT	
		NAME:	
		PHONE:	

As a VOLUNTEER I realize that I am subject to a code of ethics similar to that which binds the professionals in the field in which I work. I like them, assume certain responsibilities and expect to account for what I do in terms of what I am expected to do. I will keep confidential matters confidential.

I interpret "VOLUNTEER" to mean that I have agreed to work without compensation in money, but having been accepted as a worker, I expect to do my work according to standards as the paid staff expect to do their work.

I promise to take to my work an attitude of open-mindedness; to be willing to be trained for it; to bring to it interest and attention.

I believe that my attitude toward volunteer work should be professional. I believe that I have an obligation to my work, to those who direct it, to my colleagues, to those for whom it is done and to the public. Being eager to contribute all that I can to human betterment, I accept this code for the volunteer as my code to be followed carefully and cheerfully.

\_\_\_\_\_  
VOLUNTEER WORKER'S SIGNATURE

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YYYY)

\_\_\_\_\_  
DATE (MM/DD/YYYY)

cc: Human Resources

# EMPLOYEE/VOLUNTEER STATEMENT FORM

## USE OF CLETS CRIMINAL JUSTICE INFORMATION AND DEPARTMENT OF MOTOR VEHICLES RECORD INFORMATION

As an employee/volunteer of **RIDGECREST POLICE DEPARTMENT**, you may have access to confidential criminal records, Department of Motor Vehicle records, or other criminal justice information, much of which is controlled by statute. All access of California Law Enforcement Telecommunications System (CLETS) related information is based on the “need to know” and the “right to know”. Misuse of such information may adversely affect and individual’s civil rights, and violates the law and/or CLETS policy.

Penal Code Section 502 prescribes the penalties relating to computer crimes. Penal Code Sections 11105 and 13300 identify who has access to criminal history information and under what circumstances it may be released. Penal Code Sections 11141-11143 and 13302-13304 prescribe penalties for misuse of criminal history information. Government Code Section 6200 prescribes the felony penalties for misuse of public record and CLETS information. California Vehicle Code Section 1808.45 prescribes the penalties relating to misuse of Department of Motor Vehicle record information. Penal Code Sections 11142 and 13303 state:

“Any person authorized by law to receive a record or information obtained from a record who knowingly furnishes the record or information to a person not authorized by law to receive the record or information is guilty of a misdemeanor.”

Any employee/volunteer who is responsible for CLETS misuse is subject to immediate dismissal from employment. Violations of the law may result in criminal and/or civil action.

I HAVE READ THE ABOVE AND UNDERSTAND THE POLICY REGARDING MISUSE OF ALL CLETS ACCESSABLE INFORMATION.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

(MM/DD/YYYY)

## INSTRUCTIONS TO THE APPLICANT

The information you provide in this personal history statement will be used in the investigation into your background to assist in determining your suitability for the position of **P.A.C.T.**

**Volunteer.** Please fill out the questionnaire completely and accurately. Keep in mind that:

1. The completion of this form is mandatory for a complete and thorough background investigation.
2. All statements are subject to verification.
3. Deliberate inaccuracies or incomplete statements may bar or remove you from employment.
4. All time periods in your background must be accounted for.

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence, and its degree of relevance to the job of volunteer. For example, being fired from a job or having an arrest record is not in itself grounds for disqualification. During the investigation, the investigator will inquire into the facts surrounding such an occurrence. An evaluation will then be made of the relevance of these facts to the requirements of the job.

Completing item 36: You **must** list the arrest and/or conviction if you have received a release (per Section 1203.4 or 1203.4a of the Penal Code or Welfare and Institution Code Section 1179 or 1772) or a pardon (per Section 4852.16 of the Penal Code). You must also list any arrest within the last 5 years which resulted in you being placed in a diversion program, whether or not you successfully completed the diversion. However, you **need not** list an arrest and/or conviction when the record of such an incident has been sealed in accordance with Penal Code Section 1203.45, 851.7, or 851.8, nor if your record has been expunged or is expungeable pursuant to Health and Safety Code Section 11361.5 (provided that at least two years have passed since an arrest or conviction for an offense specified in Section 11361.5(a) or (b), or the conviction was under Health and Safety Code Section 11557 or its successor 11366 when that conviction was stipulated or designated to be a lesser included offense of the offense of possession of marijuana.

The *Americans With Disabilities Act* prohibits employers from making medically-related inquiries **prior** to a conditional offer of employment. Therefore, if you are completing this personal history statement before you have received a conditional offer of employment, **do not** divulge information concerning physical or medical conditions, either past or present.

Please print in ink or type your responses to this questionnaire. If a question does not apply to you, write N/A (not applicable) in the space provided for your answer. If you need more space to respond to a question, use the reverse side of the page and identify the additional information by question number.

# Personal History Statement

## Personal

*The following information is requested of you for verification and contact purposes:*

1. Your Name <i>(Please print or type)</i>			
Last	First	Middle	
Other names (including nicknames) you have used or been known by:			
2. Please list address at which you can be contacted.			
Number	Street	City	State      Zip Code
3. Please list the local telephone number(s) at which you can be contacted.		Hrs. you can be contacted: _____	Hrs. you can be contacted: _____
4. Birthdate (MM/DD/YYYY)	5. You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide such documentation? ___ Yes ___ No		
6. Social Security Number	(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes and is to ensure that proper records are obtained)		
7. For the purposes of identification, please provide the following:			
Height	Ft.	In.	Weight      lbs.
		HairColor	Eye Color
Scars, tattoos, or other distinguishing marks			

## Relatives and References

*During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position of volunteer. Inquiries will be confined to job-related matters.*

8. Please supply the appropriate information in the spaces provided below. If a category is not applicable, write in "N/A".						
If living, name of your:	Address where person can be contacted (Include City, State, and Zip Code)			Telephone at which person can be contacted		
Father	Home	Work	Other	Home	Work	Other
Mother	Home	Work	Other	Home	Work	Other
Father-in-Law	Home	Work	Other	Home	Work	Other
Mother-in-Law	Home	Work	Other	Home	Work	Other
Spouse	Home	Work	Other	Home	Work	Other
Former Spouse(s)	Home	Work	Other	Home	Work	Other
	Home	Work	Other	Home	Work	Other

# Personal History Statement

## Relatives and References Continued

If living, name of your:	Address where person can be contacted (Include City, State, and Zip Code)	Telephone at which person can be contacted
Brother(s) and Sister(s)	Home    Work    Other	Home    Work    Other
	Home    Work    Other	Home    Work    Other
	Home    Work    Other	Home    Work    Other
Step-mother	Home    Work    Other	Home    Work    Other
Step-father	Home    Work    Other	Home    Work    Other
Step-brother(s) and Step-sister(s)	Home    Work    Other	Home    Work    Other
	Home    Work    Other	Home    Work    Other
	Home    Work    Other	Home    Work    Other
<b>Other relatives with whom you have a close personal relationship (including children).</b>		
Relationship	Home    Work    Other	Home    Work    Other
	Home    Work    Other	Home    Work    Other
Relationship	Home    Work    Other	Home    Work    Other
	Home    Work    Other	Home    Work    Other
Relationship	Home    Work    Other	Home    Work    Other
	Home    Work    Other	Home    Work    Other
9. Below, please list those individuals with whom you have resided during the last 10 years (list no information prior to your 15 <sup>th</sup> birthday.) Exclude family members.		
	Home    Work    Other	Home    Work    Other
	Home    Work    Other	Home    Work    Other
	Home    Work    Other	Home    Work    Other
	Home    Work    Other	Home    Work    Other
	Home    Work    Other	Home    Work    Other
	Home    Work    Other	Home    Work    Other

# Personal History Statement

## Relatives and References **Continued**

10. In the space below, please list as references 3-5 individuals who have knowledge of you and your qualifications. Exclude relatives and former employers.

Name	Address where person can be contacted (Include City, State, and Zip Code)	Telephone at which person can be contacted
	Home      Work      Other	Home      Work      Other
	Home      Work      Other	Home      Work      Other
	Home      Work      Other	Home      Work      Other
	Home      Work      Other	Home      Work      Other
	Home      Work      Other	Home      Work      Other

## Education

11. Please indicate your current situation with regards to your education by checking the appropriate option.

- I possess a high school diploma from a U.S. institution.
- I passed the G.E.D. (General Educational Development) test.
- I passed the California High School Proficiency Examination.
- I possess a two-year college degree.
- I possess a four-year college or university degree.
- I do not currently have a high school diploma or its equivalent, but I plan to satisfy the requirement in the future as follows:

When:

How:

12. Please indicate below all the schools you have attended beginning with high school. During the background investigation, persons who have known you in a learning environment will be contacted. A review of your school records may be made in conjunction with those contacts.

Name of School	Location of School (City & State)	Dates Attended		School References (teachers, counselors, etc.)
		From MM/YYYY	To MM/YYYY	



# Personal History Statement

## Experience and Employment

15. Beginning with your most current employment, please list all jobs (including part-time, temporary, and voluntary positions) you have held in the past 10 years. (For the purposes of this personal history statement, volunteer work should be included as employment) For identification and verification, please indicate the nature of the activity; i.e., full-time, part-time, or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in the spaces provided.

<b>Dates of Employment</b>	<b>Name and address of employer</b>	<b>Name of supervisor</b>	
From                  To MM/YYYY      MM/YYYY			
_____			
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	<b>Telephone No:</b> <b>Title or duties (for identification purposes)</b>	<b>Name(s) of co-worker(s)</b>	
<b>Reason for leaving</b>			
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed		From:      MM/YYYY	To:      MM/YYYY
<b>Dates of Employment</b>	<b>Name and address of employer</b>	<b>Name of supervisor</b>	
From                  To MM/YYYY      MM/YYYY			
_____			
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	<b>Telephone No:</b> <b>Title or duties (for identification purposes)</b>	<b>Name(s) of co-worker(s)</b>	
<b>Reason for leaving</b>			
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed		From:      MM/YYYY	To:      MM/YYYY
<b>Dates of Employment</b>	<b>Name and address of employer</b>	<b>Name of supervisor</b>	
From                  To MM/YYYY      MM/YYYY			
_____			
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	<b>Telephone No:</b> <b>Title or duties (for identification purposes)</b>	<b>Name(s) of co-worker(s)</b>	
<b>Reason for leaving</b>			
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed		From:      MM/YYYY	To:      MM/YYYY
<b>Dates of Employment</b>	<b>Name and address of employer</b>	<b>Name of supervisor</b>	
From                  To MM/YYYY      MM/YYYY			
_____			
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	<b>Telephone No:</b> <b>Title or duties (for identification purposes)</b>	<b>Name(s) of co-worker(s)</b>	
<b>Reason for leaving</b>			
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed		From:      MM/YYYY	To:      MM/YYYY

# Personal History Statement

## Experience and Employment Continued

Dates of Employment From                      To MM/YYYY    MM/YYYY _____	Name and address of employer	Name of supervisor
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Telephone No: Title or duties (for identification purposes)	Name(s) of co-worker(s)
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed		From:                      MM/YYYY To:                                      MM/YYYY
Dates of Employment From                      To MM/YYYY    MM/YYYY _____	Name and address of employer	Name of supervisor
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Telephone No: Title or duties (for identification purposes)	Name(s) of co-worker(s)
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed		From:                      MM/YYYY To:                                      MM/YYYY
Dates of Employment From                      To MM/YYYY    MM/YYYY _____	Name and address of employer	Name of supervisor
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Telephone No: Title or duties (for identification purposes)	Name(s) of co-worker(s)
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed		From:                      MM/YYYY To:                                      MM/YYYY
Dates of Employment From                      To MM/YYYY    MM/YYYY _____	Name and address of employer	Name of supervisor
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Telephone No: Title or duties (for identification purposes)	Name(s) of co-worker(s)
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed		From:                      MM/YYYY To:                                      MM/YYYY
Dates of Employment From                      To MM/YYYY    MM/YYYY _____	Name and address of employer	Name of supervisor
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Telephone No: Title or duties (for identification purposes)	Name(s) of co-worker(s)
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed		From:                      MM/YYYY To:                                      MM/YYYY

## Personal History Statement

### Experience and Employment Continued

16. Would any problem result if your present employer was contacted during the course of the background investigation? \_\_\_Yes \_\_\_No  
If "yes" when should such contact be made?

17. If you have no prior employment, please explain in the space below.

18. Have you had any extended work absences for reasons other than earned vacations? \_\_\_Yes \_\_\_No  
If "yes", please explain (include when, name of employer, why.)

19. Have you ever been fired or asked to resign from any place of employment? \_\_\_Yes \_\_\_No  
If "yes", please give details (include when, where, circumstances)

20. Have you ever been a successful or unsuccessful candidate for another position requiring volunteer powers? \_\_\_Yes \_\_\_No  
If "yes", please give details (include when, name of agency, circumstances)

### Military Service

21. If you are a male under age 26, please provide the following:

Selective Service Number	Approximate Date of Registration	Address at Time of Registration
--------------------------	----------------------------------	---------------------------------

22. Have you ever served in the armed forces, National Guard or military reserves? \_\_\_Yes \_\_\_No  
If "yes", please supply the following information:

Branch of Service	Service Number	Dates of Service		Type of Discharge
		FROM: MM/YYYY	TO: MM/YYYY	

23. Are you *currently* participating in any military reserve or National Guard program? \_\_\_Yes \_\_\_No

24. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves? \_\_\_Yes \_\_\_No If "yes", please give details (include branch of service, when, where, circumstances).

25. Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.

Name	Contact Address	Contact Telephone	Years Known	
			From MM/YYYY	To MM/YYYY

## Personal History Statement

### Financial

*The management of personal finances is relevant to an individual's qualification for a volunteer position with PACT. Please answer the following questions and explain any YES answers below.*

26. Have you ever filed or declared bankruptcy (Chapter 7, 11, or 13)?  Yes  No

27. Have any of your bills ever been turned over to a collection agency?  Yes  No

28. Have you ever had purchased goods repossessed?  Yes  No

29. Have your wages ever been garnished?  Yes  No

30. Have you ever been delinquent on income or other tax payments?  Yes  No

31. Have you ever had an employment bond refused?  Yes  No

32. Have you ever avoided paying any lawful debt by moving away?  Yes  No

33. Have you ever defaulted on (failed to pay) a loan?  Yes  No

34. Have you written three or more bad checks in a one-year period?  Yes  No

35. If you answered yes to any of **Questions 26-34**, explain (include when, where, and why; indicate corresponding number):

## Personal History Statement

### Legal

36. If you have ever been arrested or convicted for any crime (excluding traffic violations), please give the following information: *(An arrest resulting in participation in a diversion program, or the fact that your record may have been affected by a sealing, an expungement, a release, or a pardon has specific legal implications as to how you should answer this question. Please see Instructions to the Applicant on page 6.)*

Approx. Date	Police Agency	Circumstances

37. Have you ever been placed on court probation as an adult?  Yes  No If "yes", please give details (include when, where, why)

38. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed by an adult?  Yes  No If "yes", please give details (include when, where, why)

39. Have you ever been reported to a law enforcement agency as a missing person or a runaway?  Yes  No  
If "yes", please give details (include date, law enforcement agency, circumstances).

40. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action?  Yes  No  
If "yes" please give details (include when, where, name and location of court, circumstances)

# Personal History Statement

## Motor Vehicle Operation

*Operation of a motor vehicle is an integral part of the position of volunteer. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information.*

41. California Driver's License Number		Expiration Date (MM/DD/YYYY)	
42. Name under which license was granted			
43. Please list other states where you have been licensed to operate a motor vehicle.			
State:	State:	State:	State:
Name under which license was granted	Name under which license was granted	Name under which license was granted	Name under which license was granted
Have you ever been refused a driver's license by any state ___ Yes ___ No If "yes", please explain (include when, where, why).			
44. California law requires that operators and owners of motor vehicles be covered by automobile liability insurance or bond or deposit of \$35,000 with the Department of Motor Vehicles. Therefore, please list the current liability insurance you have with your motor vehicles.			
Company	Address	Policy Number	Date of Expiration
If you are bonded or have deposited \$35,000 to meet your motor vehicle financial responsibility, please indicate. ___ Bond ___ \$35,000			