

# Membership Application

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Last

\_\_\_\_\_  
Middle

\_\_\_\_\_  
First

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Birth City

\_\_\_\_\_  
Birth State

Address: \_\_\_\_\_, \_\_\_\_\_  
Street Address City State Zip

Home Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_-\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_.

Where Do You Work? \_\_\_\_\_

How long have you worked here? \_\_\_\_\_

\_\_\_\_\_  
Date Of Hire

\_\_\_\_\_  
Supervisor Name

(\_\_\_\_) \_\_\_\_-\_\_\_\_  
Supervisor Contact #

What is your Position? \_\_\_\_\_ How long in this role? \_\_\_\_\_

Company Name \_\_\_\_\_ Type of Business \_\_\_\_\_

Company Address: \_\_\_\_\_  
Street Address City State Zip

## Last Three Employers

How long have you worked here? \_\_\_\_\_

\_\_\_\_\_  
Date Of Hire

\_\_\_\_\_  
Supervisor Name

(\_\_\_\_) \_\_\_\_-\_\_\_\_  
Supervisor Contact #

What was your Position? \_\_\_\_\_ How long in this role? \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address: \_\_\_\_\_  
Street Address City State Zip

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Company Name \_\_\_\_\_ Type of Business \_\_\_\_\_

Company Address: \_\_\_\_\_  
Street Address City State Zip

How long have you worked here? \_\_\_\_\_  
From Date To Date

\_\_\_\_\_ ( ) \_\_\_\_\_  
Date Of Hire Supervisor Name Supervisor Contact #

What is your Position? \_\_\_\_\_ How long in this role? \_\_\_\_\_

Why did you leave? \_\_\_\_\_

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

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Company Name \_\_\_\_\_ Type of Business \_\_\_\_\_

Company Address: \_\_\_\_\_  
Street Address City State Zip

How long have you worked here? \_\_\_\_\_  
From Date To Date

\_\_\_\_\_ ( ) \_\_\_\_\_  
Date Of Hire Supervisor Name Supervisor Contact #

What is your Position? \_\_\_\_\_ How long in this role? \_\_\_\_\_

Why did you leave? \_\_\_\_\_

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

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### Give Three References

\_\_\_\_\_ ( ) \_\_\_\_\_  
Full Name Contact Address Contact Phone #

\_\_\_\_\_ Email \_\_\_\_\_  
When did you meet? Relationship

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_____	_____	(____) ____-____
Full Name	Contact Address	Contact Phone #
_____	_____	Email: _____
When did you meet?	Relationship	

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_____	_____	(____) ____-____
Full Name	Contact Address	Contact Phone #
_____	_____	Email: _____
When did you meet?	Relationship	

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Have you ever been convicted of a crime? Yes\_\_ No\_\_ Felony?\_\_ Misdemeanor?\_\_

If Yes, please explain\_\_\_\_\_

\_\_\_\_\_ If No (NA) \_\_

Do you currently have any outstanding warrants? Yes\_\_ No\_\_

If Yes, please explain\_\_\_\_\_

\_\_\_\_\_ If No (NA) \_\_

Have you ever been convicted of a sex crime? Yes\_\_ No\_\_

If Yes, please explain\_\_\_\_\_

\_\_\_\_\_ If No (NA) \_\_

Have you ever been convicted of any violent crime? Yes\_\_ No\_\_

If Yes, please explain\_\_\_\_\_

\_\_\_\_\_ If No (NA) \_\_

Have you ever had a DUI (driving under the influence of anything)? Yes\_\_ No\_\_

If Yes, please explain\_\_\_\_\_

\_\_\_\_\_ If No (NA) \_\_

Have you ever had your criminal record expunged? Yes\_\_ No\_\_

If Yes, please explain\_\_\_\_\_

\_\_\_\_\_ If No (NA) \_\_

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**Have you ever gotten a traffic citation?**

Yes\_\_ No\_\_ If Yes, for what violation were you cited? Please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Have you ever gotten cited for reckless driving? Yes\_\_ No\_\_

If Yes, please explain \_\_\_\_\_  
\_\_\_\_\_ If No (NA) \_\_\_\_\_

Do you have any pending court date, (criminal or traffic)? Yes\_\_ No\_\_

If Yes, please explain \_\_\_\_\_  
\_\_\_\_\_ If No (NA) \_\_\_\_\_

Are you absconding (evading, hiding or on the run from) arrest? Yes\_\_ No\_\_

If Yes, please explain \_\_\_\_\_  
\_\_\_\_\_ If No (NA) \_\_\_\_\_

Are you currently on Parole or Probation? Yes\_\_ No\_\_

If Yes, please explain \_\_\_\_\_  
\_\_\_\_\_ If No (NA) \_\_\_\_\_

Have you paid your debt to society and have been reformed from past detention?

Yes\_\_ No\_\_ If yes, **please explain** what crime you were arrested for, did you pay restitution, where did you complete Parole or Probation and list three Professionals who can legally vouch for your amazing turn from crime and what you're doing today to improve your life.

What crime did you turn from? \_\_\_\_\_.

How much was your restitution and what jurisdiction did you pay it to? \_\_\_\_\_

Who was the Judge that expunged your crime? \_\_\_\_\_  
• What court house? \_\_\_\_\_ What date? \_\_\_\_\_

Who was your Parole or Probation Officer? \_\_\_\_\_

What jurisdiction did you complete Parole or Probation. Date completed? \_\_\_\_\_

Name three Professionals (Clergy, Police Officer, Judge, P.O. ONLY... no personal friends) who have walked with you, know first hand, watched and can legitimately vouch for your change and new walk in life.

**Judge:** \_\_\_\_\_  
                    **Court Sitting at time**                      **Full name**                      **From Date**                      **To Date**  
( ) \_\_\_\_\_ - \_\_\_\_\_ @ \_\_\_\_\_  
                    **Judge Phone#**                      **Email Address**

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**Clergy:** \_\_\_\_\_ **Date Acquainted:** \_\_\_\_\_, \_\_\_\_\_  
                    **Pastor's Name**

\_\_\_\_\_, \_\_\_\_\_  
                    **Name Of Church**                      **Church Address**                      **City**                      **State**  
( ) \_\_\_\_\_ - \_\_\_\_\_ **Email Address:** \_\_\_\_\_ @ \_\_\_\_\_  
                    **Pastor Phone#**

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**Parole/Probation Officer:** \_\_\_\_\_  
  **Jurisdiction Reported**                      **From Date**                      **To Date**  
\_\_\_\_\_, ( ) \_\_\_\_\_ - \_\_\_\_\_ **Email:** \_\_\_\_\_  
                    **P.O.'s Full Name**                      **P.O. Phone #**

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**Police Officer:** \_\_\_\_\_  
  **Jurisdiction Patrolled**                      **From Date**                      **To Date**  
\_\_\_\_\_, ( ) \_\_\_\_\_ - \_\_\_\_\_ **Email:** \_\_\_\_\_  
                    **Police Officer's Full Name**                      **Officer's Phone #**

**Drug Use History**

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Do you drink alcohol? Yes\_\_ No\_\_      Do you Smoke? Yes\_\_ No\_\_

If Yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ If No (NA) \_\_\_\_\_

Are you currently on any prescribed medication? Yes\_\_ No\_\_

If Yes, please explain \_\_\_\_\_  
\_\_\_\_\_ If No (NA) \_\_

Have you ever gotten high from unprescribed drugs? Yes\_\_ No\_\_

If Yes, please explain \_\_\_\_\_  
\_\_\_\_\_ If No (NA) \_\_

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**Are you:** Married\_\_ Divorced\_\_ Separated\_\_ Single\_\_

Spouse or Partner's Name \_\_\_\_\_  
First Name MI Last name

Date You Both Became an Official Couple?  
\_\_\_\_\_

Do you have children? Yes\_\_ No\_\_ If yes, how many? \_\_\_\_\_

**Emergency Contact Person:**

Primary: \_\_\_\_\_ ( ) \_\_\_\_-\_\_\_\_ ( ) \_\_\_\_-\_\_\_\_  
Full Name / Relationship 1st Contact # 2nd Contact #

Secondary: \_\_\_\_\_ ( ) \_\_\_\_-\_\_\_\_ ( ) \_\_\_\_-\_\_\_\_  
Full Name / Relationship 1st Contact # 2nd Contact #

Do you have Medical Insurance? Yes\_\_ No\_\_ If yes, what type of Medical Insurance?

\_\_\_\_\_ ( ) \_\_\_\_-\_\_\_\_ \_\_\_\_\_  
Provider's Name Physician # Primary Physician Name

**Are you currently being treated by a Physician for anything that would prevent you from SAFELY riding any eMobility Vehicle? Yes\_\_ No\_\_ From any eScooter? Yes\_\_ No\_\_**

If Yes, please explain your injury/illness \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**eMobility Experience**

What is an eMobility Vehicle? \_\_\_\_\_

Have you ever used, owned or ridden a Motorcycle? Yes\_\_ No\_\_

if yes, please explain what kind and the extent of your usage \_\_\_\_\_  
\_\_\_\_\_ If No (NA) \_\_\_\_\_

Do you have a Class M1 or M2 license? Yes\_\_ No\_\_ If yes, which one? \_\_\_\_\_

Do you understand Class M2 Laws? Yes\_\_ No\_\_

If Yes, please explain why you think eScooters must have one \_\_\_\_\_  
\_\_\_\_\_ If No (NA) \_\_\_\_\_

What is the Speed Limit in California for eScooters? \_\_\_\_\_

Can eScooters operate on roads 35mph? Yes\_\_ No\_\_

If Yes, please explain under what conditions \_\_\_\_\_  
\_\_\_\_\_ If No (NA) \_\_\_\_\_

Can eScooters turn left in traffic with automobiles? Yes\_\_ No\_\_

If Yes, please explain \_\_\_\_\_  
\_\_\_\_\_ If No (NA) \_\_\_\_\_

Is wearing a Helmet a suggestion for eMobility Riders? Yes\_\_ No\_\_

If Yes, please explain \_\_\_\_\_  
\_\_\_\_\_ If No (NA) \_\_\_\_\_

How often should an eScooter operator wear Safety Gear? \_\_\_\_\_

What Safety Gear does West Coast Scooters Mandate its Members to wear? \_\_\_\_\_  
\_\_\_\_\_

Do you have a problem wear full Safety Gear when you ride? Yes\_\_ No\_\_

What is Pre and Post trip inspection? \_\_\_\_\_  
\_\_\_\_\_

Do you have anything you need to add to this application before you sign and swear to its content authenticity? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide your Social Security Number and California Driver's License, so that we can complete your background check.

**Social Security #** \_\_\_\_\_ **Calif. Driver's License #:** \_\_\_\_\_

I \_\_\_\_\_ swear on the grounds of perjury, and agree that every answer given on this Application is veritably true. **I hereby authorize** West Coast Scooters (or its Officers) to complete a criminal back ground check, drug screening, mental back ground and traffic history search– to qualify as a Member of this highly integral Club. I understand that **West Coast Scooters** has a high reputation of Integrity and character in the Communities that I wish to Serve after becoming A **Champion Of Good** in this prestigious Club, and that this is but the first of four Phases that I must complete in order to become an Official **COG** Member.

**By Signing this Contract**, I agree this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_ am/pm, in the year \_\_\_\_\_, that **my declaration is true** and will serve to disqualify me from **ever** becoming a Member if at any point– I've lied.

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Executive Commander