

VOLUNTEER DRIVER FORM

Please be aware that as a volunteer driver, your insurance is primary. Thank you for helping us with our transportation needs.

1. Name of Driver: _____
2. Address: _____
3. Drivers License #: _____ State Issued: _____
4. Year, Make & Model of Vehicle: _____
5. Insurance Company's Name: _____
6. Liability Limits (minimum limits of \$100,000/\$300,000 Required):

7. Please provide a copy of Proof of Insurance for our files.

In order to provide for the safety of those we serve, we ask each volunteer to answer the following questions:

- a) I have NOT had a conviction for an infraction involving drugs or alcohol (such as driving under the influence or driving while intoxicated) in the last three years. **TRUE FALSE**
- b) I have NOT had two or more convictions for an infraction involving drugs or alcohol (such as driving under the influence or driving while intoxicated) in the last seven years. **TRUE FALSE**
- c) I have had no more than three moving violations or accidents in the last three years. **TRUE FALSE**

Certification

I certify that the information given on this form is true and correct to the best of my knowledge. I understand driving for Church ministry is a profound responsibility and I will exercise extreme care and due diligence while driving. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle. I agree:

____ that I will refrain from using a cell phone or any other electronic device while operating my vehicle.

____ that I will not allow smoking when children are present in my vehicle.

____ all passengers at all times will be required to wear a seatbelt.

Volunteer Driver Signature Date