

VOLUNTEER DRIVER REGISTRATION FORM

We deeply appreciate your willingness to assist the church in driving your own or the church's vehicles to enable our ministry. Please complete the following form which will assist our church and assure appropriate insurance coverage and handling of emergencies.

Name: _____

Maiden Name: _____

Address: _____

Phone: (H) _____ (W) _____

Spouse: Name: _____

Address (if different) _____

Phone: _____

Closest Relative: Name: _____

Address: _____

Phone: _____

Last Previous Residence:

Address: _____

How long have you been attending this church? _____

How long have you been a member of this church? _____

Previous church affiliation (name, city). _____

Driver's License Information:

Name on license? _____

Type? _____

Any restrictions? _____

Expiration date? _____
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In what other states have you had a driver's license in the last ten years?

Have you had any moving traffic violation arrests or convictions in the last five years? (Include speeding, reckless driving, DUI, no operator's license and any other violations other than parking tickets, expired inspection stickers and similar minor non-moving violations)

_____ Yes _____ No If so, please note the violation and date.

Charge	Conviction (Yes/No/Reduced)	Date	Place
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you been denied a driver's license, or had it revoked or suspended?

_____ Yes _____ No If so, please note the date and circumstances.

Provide the following insurance information:

Current insurance company: _____

Policy Number: _____

Agents name: _____

Agent's Address: _____

Agent's Phone Number: _____

How long have you been insured by them? _____

What is the extent of liability coverage? _____

Provide the following information on your medical insurance and physician.

Current medical insurer: _____

Policy Number: _____

Family physician:

Name _____

Address _____

Phone _____

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Have you ever had a job which involved substantial driving (e.g. school bus, delivery work, long haul trucking, traveling sales position.)

_____ Yes _____ No If so, please note the date and circumstances:

Have you driven any of the following to the extent that you feel comfortable and competent? (Ck below)

- _____ Automatic shift automobile
- _____ Manual shift automobile
- _____ Small van
- _____ Pick-up truck
- _____ School type bus
- _____ Motor home
- _____ Care-trailer combination
- _____ Large truck

Have you read, understood, and do you agree to abide by, the Volunteer Driver Church Policy statement? (answer and sign below)

_____ Yes _____ No

A change in insurance coverage (amount, company, or agency_
Moving violations
Revocation, suspension or any other change in drivers' license

Sign Above

Date