## **VOLUNTEER DRIVER FORM**

Name of Driver:			
Address:			
Drivers License #:State	State Issued:		
Year, Make & Model of Vehicle:			
Insurance Company's Name:			
**************************************		,	
(Minimum Limits of \$100,000/\$300,000 Required)			
In order to provide for the safety of those we serve, answer the following questions:	we must ask ea	ach volunteer to	
	TRUE	<u>FALSE</u>	
<ol> <li>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.</li> </ol>			
<ol> <li>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.</li> </ol>			
3. I have had no more than three moving violations or accidents in the last three years.			
Please be aware that as a volunteer drive	er, your insi	urance is primary.	
Thank you for helping us with	our transporta	tion needs.	
<u>Certification</u>			
I certify that the information given on this form is true and correct to a driving for Church ministry is a profound responsibility and I will exe while driving. I understand that as a volunteer driver, I must be 21 year driver's license, have the proper and current license and vehicle regis coverage in effect on any vehicle. I agree that I will refrain from using device while operating my vehicle.	rcise extreme care ars of age or older, tration, and have t	and due diligence possess a valid he required insurance	
Volunteer Driver Signature	Da	te	

## PRIVATE VEHICLE USE APPLICATION

Vehicle:	   Make	[ Model		
Vehicle Identification Number:	Marc	iviodei		
License Plate #:	State:	Expiration:		
Owner's Name:				
Address:				
City:	State:	Zip:		
Automobile Insurance Company:				
• •		Phone:		
PLEASE BE AWARE:	_			
IN CASE OF AN ACCIDENT, THE INSURANCE ON THIS VEHICLE WILL BE THE PRIMARY COVERAGE.				
THE VEHICLE MUST BE INSURED FOR THE MINIMUM LIABILITY LIMITS OF: \$100,000/\$300,000.				
IT IS EXPECTED THAT ALL PASSENGERS WILL ADHERE TO STATE SAFETY BELT LAWS AND REGULATIONS. IT IS THE DRIVER'S RESPONSIBILITY TO ENSURE THIS POLICY.				
A STATE OF THE STA				
This certifies that the information given is to vehicle is currently in a safe operating cond possess a valid driver's license, have the purple have the required insurance coverage in effective will refrain from using a cell phone or any of	dition. I understand that I must be 2° proper and current license and vehic ffect on any vehicle used to transpo	1 years of age or older, cle registration, and ort others. I agree that I		
Signature	Date			

Thank you for helping us with our transportation needs!