



Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____

Zip: _____ Home Phone: _____ Cell Phone: _____

How long have you been attending this church? _____

Are you a member? YES NO If yes, for how long? _____

Are you a staff member? YES NO If yes, for how long? _____

Licensing Information

Name on Driver's License: _____ License Number: _____

Type: _____ Exp. Date: _____

Note any restrictions: _____

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? YES NO

If yes, please note the violation and date:

Have you ever been denied a driver's license, or had it revoked or suspended? YES NO

If yes, please note the circumstances and date:

Have you driven any of the following to the extent that you feel comfortable and competent?

Check all that apply: Automatic shift automobile Manual shift automobile Small Van
 Pickup Truck School type bus Large Truck

Do you have a current health certificate? YES NO

Insurance Information

Current Medical Insurance Company: _____

Policy No.: _____ Physician's Name: _____

Physician's Address: _____ Physician's Phone: _____

Signature

I agree to abide by all church regulations regarding volunteer drivers and I agree to advise the church immediately of any changes in the information above.

I have read and understood the Ministry Vehicle Usage Policy.

Signature: _____ Date: _____

******Please, Provide a copy of your Driver's License and insurance card.******

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|---|--|---|
| FOR OFFICIAL USE ONLY: | <input type="checkbox"/> Photocopy of Driver's License | <input type="checkbox"/> Photocopy of Health Insurance Card |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Reason: _____ | |
| <input type="checkbox"/> Restrictions: | _____ | |
| Administration: | Date: _____ | |