

Transportation Driver Application Form

It is the goal of this organization to create a safe and secure environment for all members and visitors. To facilitate this goal, it is necessary to gather pertinent information from those who desire employment or offer volunteer services through our transportation ministry. This information will be used for the sole purpose of helping select drivers and provide a safe and secure environment.

SECTION 1 – Driver Information

Full Name (as it appears on your driver's license): _____

Address: _____

City, State, Zip: _____

Email Address: _____

Daytime Phone: _____ Cell Phone: _____ Other: _____

Driver's License Number: _____ State: _____ Commercial Driver's License (CDL)? YES NO

Driver's Date of Birth? _____

What type of vehicles have you been trained to drive? _____

SECTION 2 – Driving Record

YES NO Have you been in an accident and/or have you received a traffic citation for moving violations within the last three years? If yes, please complete details below.

YES NO Have you ever been convicted of DWI/DUI, had your driver's license suspended or revoked for moving violations, been for leaving the scene of an accident ("hit and run"), eluding an officer, reckless or negligent operation of a vehicle? If yes, complete details below.

Dates	Nature of Traffic Violation and/or Accident

SECTION 3 – Requirements for Drivers

I certify, that, as of the date of this Application (initial):

_____ I possess a valid driver's license and have attached a copy of it to this application.

_____ I possess a valid automobile liability policy.

_____ I know of no limitation or exclusions to my auto liability insurance that will affect my insurance coverage when/if I drive my own vehicle on a church/school activity.

_____ I will maintain my current insurance policy and liability coverage and only volunteer to drive my own vehicle when such insurance policies and coverage are in force.

_____ I understand that when I drive my own vehicle on a church/school activity, if there is an accident involving damage to my vehicle or any bodily injury, the organization's insurance policy **will not** provide me with primary or direct insurance coverage. The church's/school's insurance will be effective only after my personal automobile insurance coverage is exhausted.

_____ I will advise the church/school of any change in information provided on this form, including, but not limited to, involvement in a car accident in which I am cited, any citations for moving violations, non-renewal, termination, or revocation of my license, and changes to, or termination or revocation of, my insurance coverage.

_____ Students riding in any vehicle during a church/school activity will be seated and secured with individual working seatbelts before the vehicle is operated on a roadway.

_____ My vehicle is in safe operating condition.

_____ I will notify church/school personnel if I no longer wish to drive or if I wish to be removed from the Approved Driver List.

SECTION 4 – Declaration and Signature

I have personally answered the questions on this application, and I affirm that the answers provided are true and correct as of the date written adjacent to my signature. My signature on this application constitutes my authorization for the church/school to perform a criminal background and/or driver's history investigation.

Signature: _____ Printed Name: _____ Date: _____

SECTION 5 – Church/School Approval

Signature: _____ Printed Name: _____ Date: _____