

Volunteer Driver Form

Name:		Date of birth:
Address:		
Home Phone:	Cell Phone:	Work Phone:
E-mail:		

Current driver's license number:	Expiration date:
How long have you had a driver's license? Years: Months:	
Restrictions on your driver's license (state type and date of restriction):	

Name of your automobile insurance company (please attach a copy of your insurance card):
Has an insurance company ever refused, cancelled, non-renewed or given notice of intention to non-renew automobile insurance to you? <input type="checkbox"/> No <input type="checkbox"/> Yes, Cancelled <input type="checkbox"/> Yes, Refused <input type="checkbox"/> Yes, Non-renewal
<i>If yes, please explain and list company and agent name and phone:</i>
<i>Date: Reason:</i>

Have you ever had your driver's license suspended, revoked or refused?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please explain.</i>	
Have you ever been required by the state to file evidence of Financial Responsibility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please explain.</i>	
Have you been convicted during the last ten years of driving while intoxicated or under the influence of drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please explain (date, charge, jurisdiction, etc.).</i>	

Indicate all moving violations or citations (other than parking) that you have been convicted of, forfeited bail, or paid any fines for during the past three years. Please give full details, including dates, below. If more space is needed, us a separate sheet of paper.			
A	Date:	Time:	Location (city and state):
	Conviction:		
	If speeding, legal limit:	Your speed:	Amount of fine: \$
	Remarks:		
B	Date:	Time:	Location (city and state):
	Conviction:		
	If speeding, legal limit:	Your speed:	Amount of fine: \$
	Remarks:		

List all motor vehicle accidents of any type or cause that you, either as owner or operator, have been involved in during the last five years.				
#1	Date:	Time:	Driver:	Violation:
	Who was at fault?		Damage to your vehicle?	Amount: \$
	Bodily injury?		Damage to other property?	Amount: \$
	Description:			
#2	Date:	Time:	Driver:	Violation:
	Who was at fault?		Damage to your vehicle?	Amount: \$
	Bodily injury?		Damage to other property?	Amount: \$
	Description:			

Must be updated annually

Volunteer Driver Guidelines

1. Volunteer vehicles may only be driven by an approved volunteer driver, reviewed annually, based on information submitted in the *Volunteer Driver Form*. Generally, approved drivers must not have had two or more traffic violations or an accident involving personal injury or property damage for one year prior to approval. Traffic violations and accidents must be reported to the ministry.
2. Vehicles used for [church or ministry] business must be adequately insured (Liability: \$100,000 per individual / \$300,000 per occurrence; Property Damage: \$50,000 per occurrence).
3. Volunteer vehicles must be in good mechanical condition, with appropriate tires to meet weather conditions and with seat belts for each occupant.
4. Drivers must be between the age of 25 and 70.
5. Drivers must submit a Statement of Medical Condition annually. Should medical conditions change within the year, these changes must be reported and the statement updated in a timely manner, but in no event later than _____.
6. Drivers must not operate vehicles in an unsafe manner or in contravention of any statute or regulation governing the operation of motor vehicles.
7. Drivers must keep on file a copy of their current driver's license, as well as proof of insurance, submitted each renewal period.
8. Volunteer drivers agree to hold harmless and indemnify [church or ministry], ministry employees and passenger(s) against any or all claims arising all or in part from the volunteer driver's negligence.

I certify that all information submitted is, to the best of my knowledge, correct. I have read the requirements for volunteer drivers listed above and accept and agree to follow these volunteer driver guidelines.

My signature below authorizes [church or ministry] to obtain, at its sole discretion, my employment and non-employment driving record, including all Department of Licensing actions that have taken place regarding the driver's license I now hold, have held, or in the future may obtain. It also authorizes [church or ministry] to conduct a criminal history background check from the source of its choice. I further agree to any other conditions described herein. This release continues in effect as long as I continue to serve as a volunteer driver for [ministry name].

Signature

Date

Reviewed by

Date

Approval granted by

Date

This form is offered as a guideline only and is not intended to be taken as legal advice. Please have this and all other forms reviewed by legal counsel to determine their appropriateness for your particular ministry.