

Driver Registration:

It is the goal of **CHURCH NAME** to provide a safe and secure environment for all visitors, attendees, and members. The information is requested 1) for insurance purposes, and 2) as a means of protecting the welfare of those who ride as passengers in our church vehicles and these are the only purposes for which this information will be used.

Name: _____ Date: _____

Date of Birth: _____ SSN: _____

Have you ever used any name(s) other than the one above? If yes, please list:

Current Address: _____ Length of time: _____

Previous Address: _____

Current phone number: (home) _____ (Work) _____

Do you have a valid driver's license?

No Yes License number: _____ State: _____

Do you have a CDL?

No Yes License number: _____ State: _____

Have you ever provided transportation for any other organization(s)? No Yes

If yes, please list organizations and dates: _____

What types of vehicles can you drive? _____

Has your license ever been suspended? No Yes

Have you had any traffic violations or accidents in the last 3 years? No Yes

If yes to either, please give details of each: _____

Do you take any medications regularly? No Yes If yes, please explain: _____

Have you read the **CHURCH NAME** vehicle policy and agree to follow them? No Yes If no, will you agree to familiarize yourself with the policies before driving any of **CHURCH's** vehicles? No Yes

Is there any reason that you should not work with or around children? No Yes

Explain: _____

Have you ever been the subject of a child abuse investigation? No Yes

If yes, please provide details: _____

Have you ever been convicted or pleaded guilty to a criminal offense? No Yes

If yes, please provide details: _____

I affirm that all the information provided is true and accurate.

Driver's Signature

Date

Please attach a photocopy of both the front and back of your valid driver's license.