

VOLUNTEER DRIVER APPLICATION

We greatly appreciate your interest in assisting us to meet our transportation needs. Responsible risk management dictates that we ask our volunteer drivers to answer the following questions. Thank you for your understanding and cooperation.

Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____ Date of Birth: _____
Email: _____
Driver's License Number: _____
State of Issue: _____ Expiration Date: _____

Have you had any of the following citations or convictions in the past THREE years?		
	YES	NO
Driving under the influence of alcohol or drugs	_____	_____
Hit and run	_____	_____
Failure to report an accident	_____	_____
Negligent homicide arising out of the use of a motor vehicle	_____	_____
Using a motor vehicle for the commission of a felony	_____	_____
Permitting an unlicensed person to drive	_____	_____
Reckless driving	_____	_____
Three moving violations or accidents in the last three years	_____	_____
Are you currently taking any medication that may make you drowsy? YES NO		

It is expected that all passengers will adhere to Iowa Safety belt laws and regulations.

I certify that the information given above is true and complete to the best of my knowledge. I agree that I will refrain from using a cell phone or any other electronic device while operating a vehicle on behalf of the Church.

Volunteer Signature

Date

RETAIN THIS FORM ON FILE FOR A MINIMUM OF THREE YEARS