

**Holland Free Methodist Church**

**Volunteer Driver Registration Form**

**Adopted 11/28/95, Revised 11/25/2011**

**Personal Information**

**Please fill out this form in its entirety before returning**

Name: \_\_\_\_\_ (Maiden) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Spouse: \_\_\_\_\_ Maiden: \_\_\_\_\_

Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant Date of Birth: \_\_\_\_\_ Last four numbers of SS: \_\_\_\_\_

How long have you been attending this church? \_\_\_\_\_

Are you a member?  Y  N If Yes, for how long? \_\_\_\_\_

Previous Church Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Pastor: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Licensing Information**

Name on Driver's License: \_\_\_\_\_ Type: \_\_\_\_\_

License Number: \_\_\_\_\_ 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? (Include speeding, reckless driving, DUI, no operator's license and any other driving violations other than parking tickets, expired inspection stickers, and similar minor non-moving violations.)

Y  N If yes, please note the violation and date:

Charge	Convictions (Yes/No/Reduced)	Date	Place
_____			
_____			
_____			

Have you been denied a driver's license, or had it revoked or suspended?  Y  N

If yes, please note the date and circumstances: \_\_\_\_\_  
\_\_\_\_\_

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

Check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Automatic shift automobile | <input type="checkbox"/> Manual shift automobile |
| <input type="checkbox"/> Small Van                  | <input type="checkbox"/> Pickup Truck            |
| <input type="checkbox"/> School type bus            | <input type="checkbox"/> Motor Home              |
| <input type="checkbox"/> Car-trailer combination    | <input type="checkbox"/> Large truck             |

### **Insurance Information**

Current Automobile Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Agent's Name: \_\_\_\_\_

Agent's Address: \_\_\_\_\_

Agent's Phone # : \_\_\_\_\_ # Years Insured \_\_\_\_\_

What is the extent of your liability coverage? \_\_\_\_\_

Current Medical Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Phone #: \_\_\_\_\_

**Signature**

I agree to abide by any and all church regulations regarding volunteer drivers and I agree to advise the church immediately of any of the following:

1. A change in insurance coverage (amount, company, agency)
2. Moving violations
3. Revocation, suspension, or any other change in driver's license

**I have read and understand church transportation Vehicles Policy #6040.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please provide a copy of:**

\_\_\_\_ **Driver's License**

\_\_\_\_ **Insurance Card (Vehicle)**

\_\_\_\_ **2 year Driver Record's Check from BMV (<http://www.bmv.ohio.gov/abstract.stm>)**

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**OFFICIAL USE ONLY**

\_\_\_\_ **Approved for driving church vehicle**

\_\_\_\_ **Approval Denied**

\_\_\_\_ **Restrictions** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Administration**

**Date**

**Updates:**

\_\_\_\_\_