

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>)**

OFFICIAL USE ONLY

____ **Approved for driving church vehicle**

____ **Approval Denied**

____ **Restrictions** _____

Administration

Date

Updates:
