

Grace Bible Church Vehicle Driver Application

Last Name: _____ First Name: _____ Middle: _____
Any other Names Used? _____ From/to: _____
Date of Birth: _____ Birth City: _____
Street Address: _____
City: _____ State: _____ Zip _____
Phone(s): _____

Special Certificates: i.e., Defensive Drive, CPR, First Aid [Indicate expiration date(s)]:

Accident Record for the past 5 (five) years: (attach sheet if more space is needed)

Date: (m/yy)	Nature of Accident (head-on, rear-end, etc)	Were you at fault? Yes/No	Fatalities? Yes/No	Injuries? Yes/No
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Traffic Convictions (moving violations only) for the past 5 (five) years:

Date:	City/State	Infraction	Penalty
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Fully explain all 'Yes' answers on the attached page:

1. Y N Have you ever been denied a license, permit or privilege to operate a motor vehicle?
2. Y N Has any license, permit or privilege ever been suspended or revoked?
3. Y N Have you ever been sued by anyone who claimed you operated a vehicle in a reckless or unsafe manner?
4. Y N Have you ever operated a vehicle under the influence of drugs(including prescription) or alcohol?
5. Y N Do you have a mental or physical disability, handicap or other limitation that would prevent you from safely operating a vehicle?
6. Y N Is there anything not asked which might cast doubt on your ability to safely operate a van or automobile?

*"I will inform Grace Bible Church's Administrator of any moving violations or at-fault accidents that occur during my service tenure, whether or not they occur while serving the church, and agree to maintain at least the minimum level of auto insurance on my vehicle when driving my personal auto for approved ministry service. I agree to immediately inform the Administrator if my driver's license is suspended or revoked or my personal automobile insurance coverage is canceled and not renewable. I understand it is the policy of the church that all passengers and drivers must at all times be seatbelted when riding in church vehicles. I agree to abide by this policy and will not transport a passenger who refuses to fasten or have their seatbelt fastened unless excused from this requirement with a physician's certificate. I agree to transport persons only in vehicles that are in safe operating conditions. I agree to practice defensive driving techniques and obey all laws regarding the operation of a motor vehicle while I am transporting people. This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge." **Please attach a copy of your current insurance card and Driver's License to this application.***

Signed:

Date: