



DRIVER INFORMATION FORM

THE PEOPLES CHURCH

- This form must be completed annually.
- Attach a copy of your driver's license to this form.
- If you are driving your own vehicle, also attach a copy of your auto insurance declaration page.

Today's Date: _____

DRIVER INFORMATION

Name: _____ **Date of Birth:** _____
 First Middle Last

Telephone No.: _____ **Driver's License No.:** _____

Issuing State: _____ **Expiration Date:** _____

Affiliated Church Group: Children's CE PCYG Edgewood Village
 Preschool Troop 2 Other: _____

- | | | |
|------------|-----------|---|
| Yes | No | I am at least 25 years old and have a current valid driver's license, not suspended, revoked, expired, canceled or surrendered |
| Yes | No | I have not received more than one moving violation in the past 12 months, or more than two in the past 36 months. |
| Yes | No | I have not been arrested or convicted for any motor vehicle offence involving alcohol or drugs. |
| Yes | No | I have not received a misdemeanor or felony conviction involving the use of a motor vehicle. |
| Yes | No | I will ensure that the driver and each passenger will wear a seat belt at all times. |
| Yes | No | As required by state law, I will have a child restraint seat for each child below the age and/or weight requirements set for the by the State of Michigan. |
| Yes | No | When used for church purposes, the vehicle I am driving will not be overloaded with equipment, gear or passengers. |
| Yes | No | The vehicle will be driven at speeds appropriate for road conditions and never over the posted speed limit. |
| Yes | No | I will not drive for more than 8 hours or 500 miles in a 24 hour period. |
| Yes | No | I will advise the church of any change in information provided on this form including , but not limited to , involvement in a car accident in which I am cited, any citations for moving violations, suspension or revocation of my driver's license. |
| Yes | No | I will notify the church Facility Director if I no longer wish to drive or if I wish to be removed from the Approved Driver List. |

(OVER)

IF DRIVING OWN VEHICLE

Make and Model: _____ Year: _____ License Plate No.: _____

Insurance Company: _____

Policy No.: _____ Expiration Date: _____

Insurance Agent: _____ Agent Phone No.: _____

- Yes** **No** I will maintain the minimum insurance coverage required by The Peoples Church:
- \$100,000 per person/ \$300,000 per occurrence for bodily injury, (\$500,00 for vehicles with more than 5 passengers)
 - \$50,000 property damage per occurrence
 - \$5,000 per person for medical payment
- Yes** **No** I understand that the Church liability insurance policy does not provide primary or direct insurance on my vehicle. The church's will take effect only after my personal auto insurance limits are exhausted.
- Yes** **No** The vehicle will be maintained in safe operating condition.
- Yes** **No** I will advise the church of any change in information provided on this form including, but not limited to, change of insurance company, change in amount of insurance coverage, termination of insurance, or change in vehicle.

AFFIRMATION

By signing this form, I certify that the information given by me on this form is true and correct to the best of my knowledge, and grant The Peoples Church permission to obtain a copy of my motor vehicle driving record and to conduct any driver or criminal record check deemed appropriate by the church. I release The Peoples Church or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regard to the information obtained from any and all of the above referenced sources used.

ATTACH A COPY OF DRIVER'S LICENSE

Name (Print): _____

Signature: _____ Date: _____