
DRIVER RELEASE & CHURCH VEHICLES

Church Information

Name _____

Address _____ City _____ State _____ Zip _____

Trip Information

Destination _____ Date of Trip _____

Insurance Information

Driver Name _____ Policy Holder Name _____

Auto Insurance Company _____ Policy Number _____

Effective Dates _____ Coverage (Min. 50/100 BI / 50 PDF; prefer 100/300 BI / 100 PD)

- | | | |
|---|-----|----|
| I will maintain my insurance at the approved specified. | Yes | No |
| If a change is made, I will notify the church listed above. | Yes | No |
| I have provided the church a copy of my auto insurance policy. | Yes | No |
| I will provide the church an updated copy when my insurance is renewed. | Yes | No |

DMV Information

Driver License Number _____ CDL Expiration Date _____

I have provided the church a legible copy of my driver's license. Yes No

I am between the ages of 25 and 65. Yes No

I have signed and submitted the DMV "Employer Pull Notice" form* to the church. Yes No

* (Authorization for Release of Driver Record Information)

In the last three years, I have been convicted of more than one minor traffic violation or had more than one at fault accident. Yes No
If yes, please provide more details:

Vehicle Safety (No 15 passenger vans)

Number of passengers with working seat belts in this vehicle: _____

As required by law, I guarantee that all occupants will be wearing seat belts while this vehicle is being operated and comply with the safety requirements of the vehicle including but not limited to airbags: Yes No

The automobile being driven for the specified trip is in good working operation, has been regularly maintained and inspected and I have no concerns regarding the safety of my vehicle: Yes No

I will caravan with the group (as applicable) and will keep in close contact with staff: Yes No

I affirm that the above information is accurate and correct and I will carry insurance on the vehicle being driven, and I will notify the church if my insurance is cancelled or if any of the above information changes. I will always operate this vehicle in safe manner while transporting.

Name of Driver

Signature of Driver Date

INTERNAL CHURCH USE ONLY:

Approved for driving church vehicles: Yes No

Approved for driving on trips: Yes No

DMV record received: Yes No

Volunteer screened: Yes No

Driver contacted/confirmed: Yes No

Name of Person Transportation Director

Signature of Transportation Director Date

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CHURCH DRIVER FORM

Event Destination:

Event Date:

All forms must be completed and submitted prior to event driving for.

Insurance

Driver's Name:

Policy Holder Name:

Auto Insurance Company:

Policy No:

Effective Dates:

Specify insurance coverage maintained (minimum 50/100 BI /50 PD; prefer 100/300 BI /100 PD):

I will maintain my insurance at the approved level specified. If a change is made, I will notify (Church Name): Yes No

I have provided to (Church Name) a copy of my automobile insurance policy. Yes No

I will provide (Church Name) an updated copy when my insurance is renewed: Yes No

Driver Information

Driver's License No:

CDL Expiration Date:

I have provided (Church Name) a legible copy of my driver's license: Yes No

I am between the ages of 25 and 65: Yes No

In the last 3 years, have you been convicted of more than one minor traffic violation or had more than one at fault accident
Yes No (If you answered "Yes" please provide details on the reverse side.)

Vehicle Safety

Number of passengers with working seat belts in this vehicle:

As required by law, I guarantee that all occupants will be wearing seat belts while this vehicle is being operated and comply with the safety requirements of the vehicle including but not limited to airbags: Yes No

The automobile being driven for the specified event(s) is in good working operation, has been regularly maintained and inspected and I have no concerns regarding the safety of my vehicle: **(NO 15 PASSENGER VANS)** Yes No

I will caravan with the group (as applicable) and will keep in close contact with the staff during this trip. Yes No

I will not use a cell phone (except hands free) while operating this vehicle. Yes No

I affirm that the above information is accurate and correct and I will carry insurance on the vehicle being driven, and I will notify (Church Name) if my insurance is cancelled or if any of the above information changes. I will always operate this vehicle in a safe manner while transporting children.

Drivers Signature

Date

Cell Number

OFFICE USE ONLY

Approved for driving (Church Name) vehicles: Yes No

Volunteer Screened: Yes No

Approved for driving on event trips: Yes No

Date:

Transportation Director Signature:

Driver Contacted/Confirmed:

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CHURCH VEHICLES FORM

INSPECTION CHECK LIST (NO 15 PASSENGER VANS)

Vehicle (Year/Make/Model): _____ License: _____

Driver: _____ / _____ Date: ____ / ____ / ____

(Print)

(Sign)

<p>Required tire pressure for this van is:</p> <p>Front: _____ Rear: _____</p> <p>Recorded tire pressure is:</p> <p>Left Side Tires Right Side Tires</p> <p>Front: _____ Rear: _____</p> <p>Front: _____ Rear: _____</p> <p>Spare: _____</p> <p>Please <input checked="" type="checkbox"/> items as completed</p> <p>Check the tires:</p> <p><input type="checkbox"/> Tread Depth (Must be more than 1/16 inch)</p> <p><input type="checkbox"/> No Uneven wear, cracks or damage</p> <p><input type="checkbox"/> Check spare tire</p> <p>Visually inspect around van:</p> <p><input type="checkbox"/> No Fluid leaks</p> <p><input type="checkbox"/> Is the van leaning to one side?</p> <p><input type="checkbox"/> Check Windshield/wiper blade damage?</p> <p>Check fluids, belts and hoses:</p> <p><input type="checkbox"/> Oil</p> <p><input type="checkbox"/> Radiator (when engine is cool)</p> <p><input type="checkbox"/> Check windshield wiper fluid</p> <p><input type="checkbox"/> Belts or hoses not frayed or cracked</p>	<p>Check equipment and safety items:</p> <p><input type="checkbox"/> Dashboard indicator lights and gauges (No warnings)</p> <p><input type="checkbox"/> Horn</p> <p><input type="checkbox"/> Safety restraints checked for each seat</p> <p><input type="checkbox"/> Tested windshield wipers and fluids</p> <p><input type="checkbox"/> Backup alarm (if installed)</p> <p><input type="checkbox"/> Parking brake</p> <p><input type="checkbox"/> Jack and lug wrench</p> <p><input type="checkbox"/> Fire extinguisher</p> <p><input type="checkbox"/> First Aid kit</p> <p><input type="checkbox"/> Road service kit (if installed)</p> <p><input type="checkbox"/> Insurance liability card and accident forms</p> <p>Check all exterior lights:</p> <p><input type="checkbox"/> Headlights</p> <p><input type="checkbox"/> Tail lights</p> <p><input type="checkbox"/> Brake lights</p> <p><input type="checkbox"/> Reverse lights</p> <p><input type="checkbox"/> Turn signals</p> <p><input type="checkbox"/> Emergency Flashers</p> <p>Make driver adjustments:</p> <p><input type="checkbox"/> Adjust seat to reach pedals</p> <p><input type="checkbox"/> Adjust steering wheel to height/distance</p> <p><input type="checkbox"/> Adjust rear view mirror and side mirrors to reduce blind spots</p> <p>Before operating the van:</p> <p><input type="checkbox"/> Put on <i>your</i> safety restraint</p> <p><input type="checkbox"/> Ensure <i>all</i> passengers are buckled up</p> <p><input type="checkbox"/> Secure and lock doors</p>
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<p><i>Loading & Towing</i></p> <ul style="list-style-type: none"> - Do NOT strap or load cargo on the roof - Place items under seats to distribute load - Load passengers front to back and evenly distribute passengers side to side - Do NOT tow trailers - Nine people recommended occupancy 	<p><i>Remember</i></p> <ul style="list-style-type: none"> - Observe all traffic rules and regulations - Drive safely and courteously with headlights on - If van's wheels drop off roadway, gradually reduce speed and steer back onto roadway when safe to do so - Avoid panic-like steering and hard braking - Do NOT use cell phone while driving
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Keep a copy of this in the van and provide a copy of this checklist to the church before leaving.

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