For Office Use Only	Received	Driver's License			Insurance Card		
	DMV Record	Received	Expiration	Post	Received	Expiration	Post
	Declaration Page						
	Session Approval						

Oreland Evangelical Presbyterian Church
1119 Church Road Oreland, PA 19075
215.887.7002

OEPC VOLUNTEER / STAFF DRIVERS APPLICATION

The purpose of this form is to protect those participating in church activities by being selective in the designation of persons authorized to drive personal and/or rented vehicles for church sponsored trips. Please fill out this form and return it, along with **a copy of your driver's license, your current vehicle insurance card and your insurance declaration page** to the Ministry Coordinator or the Church Administrator. All references to *church* or OEPC in this application mean Oreland Evangelical Presbyterian Church, Oreland PA. By signing and submitting this application, you grant the church permission and authorization to verify information provided in this application and to conduct any driver or criminal record check deemed appropriate by the church.

Name: _____

Address: _____

Date of Birth: _____ E-mail: _____

Home Phone: _____ Cell Phone: _____

Driver's License

Current Driver's License #: _____ State: _____ Expiration Date: _____

How long have you had a driver's license? Years:_____ Months: _____

Restrictions on your driver's license (state type and date of restriction): _____

Have you ever had your driver's license suspended, revoked or refused? ☐No ☐Yes
*If yes, please explain.*_____

Have you been convicted during the last ten years of driving while intoxicated or under the influence of drugs?
☐No ☐Yes *If yes, please explain (date, charge, jurisdiction, etc.)* _____
_____

Attach with application: ☐ Driver's License ☐ Vehicle Insurance Card ☐ Insurance Declaration Page

Driver's License and Insurance cards must be submitted annually

Automobile Insurance

Name of your automobile insurance company: _____

Name insurance policy is under: _____

Has an insurance company ever refused, canceled, not renewed or given notice of intention to not renew automobile insurance to you?

☐No ☐Yes, Canceled ☐Yes, Refused ☐Yes, Nonrenewal

Motor Vehicle Accidents

List all motor vehicle accidents of any type or cause that you, either as owner or operator, have been involved in during the last five years.

1) Date:_____ Describe accident: _____

_____

_____

2) Date:_____ Describe accident: _____

_____

_____

3) Date:_____ Describe accident: _____

_____

_____

OEPC Transportation & Drivers Policies

The OEPC Transportation / Drivers Policies are to protect those participating in church activities by being selective in the designation of persons authorized to drive personal and/or rented vehicles for church sponsored trips.

- To my knowledge, my vehicle has a current, valid registration, is in safe operating condition (brakes, tires, etc.), complies with all applicable state laws in the state in which it is registered for vehicle inspections, and has a current, valid inspection sticker.
- I will maintain the minimum insurance coverage required by the church (a minimum of liability: $100,000 per individual / $300,000 per occurrence; Property Damage: $50,000 per occurrence) and only volunteer to drive when such insurance policies and coverages are in force.

- In understand that in the case of any accident, injury, or vehicle damage, the church's insurance policy does not provide primary or excess insurance on any vehicle. Liability and physical damage coverage follows the vehicle and the insurance that the individual has purchased. **Damage to any private vehicle, including the owner's, is the responsibility of the vehicle owner.**
- I am in good physical and mental health, it is safe for me to drive and neither my driver's license nor my ability to operate a motor vehicle is limited by any medical, physical, or emotional restriction or condition.
- I understand that, if approved as a Volunteer/Staff Driver, I have a continuing obligation to advise the church of any change in information provided on this application form, including but not limited to, involvement in a car accident in which I am cited, any citations for moving violations, nonrenewal of license, termination of license, change of insurance company, change in amounts of insurance coverage, termination of insurance, or change in vehicle. I will promptly provide this information.
- I understand that while the vehicle is in use, drivers are prohibited from all uses of a cellular phone, including but not limited to texting, phone calls, surfing the internet and gaming. Cellular phones can be used as a GPS.
- I affirm that I will carefully transport all persons under my care, including obeying all traffic laws and the church transportation policy. I will obey all traffic laws at all times.
- I will ensure that all vehicle occupants wear seat belts at all times and not allow more occupants in any vehicle than there are seatbelts.
- I will comply with Pennsylvania state laws, and the laws of other states in which I travel on a church trip, with regards to use and security of child restraint seats, lap/shoulder belt seating positions, restrictions on use of booster seats or other safety systems (including, but not limited to occupancy and seat facing designation for seats exposed to airbags).
- I understand that any citations (moving violations or parking tickets) incurred by me will be my responsibility to pay.
- I agree to hold harmless and indemnify OEPC, ministry employees and passenger(s) against any or all claims arising all or in part from the volunteer/staff driver's negligence.
- I understand this release continues in effect as long as I continue to serve as a volunteer driver for Oreland EPC.

I certify that all the information submitted in this application is true and correct to the best of my knowledge. I acknowledge that I have received and understand the OEPC Transportation & Driver Policies. I will comply with the OEPC Transportation / Driver Policies if my application to be a Volunteer or Staff Driver is accepted.

My signature below authorizes OEPC to obtain, at its sole discretion, my PA Department of Motor Vehicle driving record.

Driver's Signature _____ **Date** _____