



VOLUNTEER DRIVER INFORMATION FORM

This form is to be completed by all Lord of Life Volunteers who will be driving children or youth for any church sponsored activities.

DRIVER'S INFORMATION:

Full Name (please print) _____

Social Security Number (for background check purposes ONLY) _____

Date of Birth _____

Address _____

City, State, Zip _____

Mobile/Cell Phone _____

Driver's License Number _____

State of Issue: _____ Expiration Date _____

VEHICLE INFORMATION:

Make and Model _____

Year _____ License Plate Number _____ State of Issue _____

Registration Expires _____ Registered Owner of Vehicle _____

Vehicle Insurance Company _____

Policy Number _____

Expiration Date _____

I agree to the following:

I am at least 21 years of age. I agree to follow the Children and Youth Safety Policy. I will wear and agree to require all passengers to wear seat belts at all times. I will drive in a safe and responsible manner, and will not exceed posted speed limits. I consent to a driving record and/or criminal background check.

Signature Date

Note: If you have any concerns about the requested information, please feel free to speak to any member of the program or ministry staff or the Director of Operations and Administration.