## PRIVATE VEHICLE DRIVER FORM

Name of Driver:			
A 1 1			
Driver's License #		State Issued:	
Vehicle: Year:	Make:	Model:	
Insurance Company's Na	ıme:		
Liability Limits:			
Per Injury: (Required \$300,000)	(Required \$10	00,000): Per Accident:	
Or			
Combined Single Liabil	ity (CSL):	(Minimum Required \$300	),000)
In order to provide for the following que	•	serve, we must ask each volunteer to an <a href="https://example.com/TRUE">TRUE</a> FALSI	
1. I have NOT had a involving drugs or alcoh the influence or driving last three years.	ol (such as driving un	nder	
2. I have NOT had t for an infraction involving alcohol (such as driving to or driving while intoxica seven years.	ng drugs or under the influence	ons 	
<ol> <li>I have had no mo violations or accidents in years.</li> </ol>			
		our insurance is primary. our transportation needs.	
<u>Certification</u>			
knowledge. I und and I will exercise as a volunteer dri license, have the p required insurance	lerstand driving for C e extreme care and du ver, I must be 21 year proper and current lic te coverage in effect o	rm is true and correct to the best of my Church ministry is a profound responsibue diligence while driving. I understand so of age or older, possess a valid driver's cense and vehicle registration, and have on any vehicle. I agree that I will refraineld electronic device while driving my	that the
Driver Sig	 nature	 Date	