St. Barnabas Lutheran Church Driver Form for Off-Site Church Activities

Thank you for your willingness to drive for a church sponsored youth event. Information requested on this application will be confidential and securely stored in the Church.

NAME	DATE OF BIRT	ГН/	_ TODAY'S DATE
ADDRESS(STREET)		MM/DD/YYYY	PHONE
(STREET)	(CITY)	(ZIP)	_ I HONL
EMAIL ADDRESS			_
MEMBER OF ST. BARNABAS? <i>Cir</i> PHONE	rcle YES or NO IF YE	S, HOW LONG?	CELL
Event Date(s) and Location:	!		
DRIVERS to AFFIRM:			
• I am 25 years of age or older.			
I have no uncontrolled medic transport youth to a church-sp		edications that cou	ld affect my ability to safely
I have no restrictions on my d	lriver's license other than	corrective lenses.	
I have not had more than three	e moving violations or acc	eidents within the p	ast three years.
• I have not been convicted of a	a DUI nor had my license	revoked or suspend	ed in the past three years.
• I have attached photocopies of showing a minimum of 100/3 (A copier is		ersonal liability co	verage.
I am willing to consent to a m	notor vehicle record search	online with Protec	etmyMinistry.com.
All of the above statements are correctinformation. By signing, I also agree by all state driving laws.			
Signature	Printed Name		Date
DRIVERS to AFFIRM:			
I have read, understand, and agree to for church-sponsored activities/events		arnabas Safety Pro	cedures while driving youth
Signature	Printed Name		Date
*********	*****	* * * * * * * * * *	* * * * * * * * * * * * * * * * *
OFFICE USE ONLY			
VALID DRIVERS LICENSE Yes			
VALID INSURANCE CARD Yes			
MOTOR VEHICLE RECORD SEAR	CH Date	_ By	