

St. Andrew's Presbyterian Church Transportation Policy Approval Form for Drivers of Church Vehicles

Today's Date _____

Name _____ Birth date _____

Address _____
Street City Zip

Home phone _____ Cell phone _____

Email address _____

Completed by St. Andrew's		Completed by Requesting Driver
Not Acceptable	OK	(After completion of the information below, a designated St. Andrew's representative will complete the section on the left)
		1. Age _____
		2. Requesting to be a 12-15 passenger van driver. Yes ___ No ___
		3. Copy of valid drivers license (front side) provided. Date expires: _____
		4. Copy of personal car insurance verification valid at time of completing this form. Yes ___ No ___
		5. Driving experience: Vans _____ (Years) Autos _____ (Years)
		6. Previous driver training on (approx month/year): _____
		7. For 15-passenger van use: Orientation training completed before driving a 15-passenger for the first time. Yes ___ No ___.
		8. For 71 and older only: Attached is the physician's annual statement confirming good physical health for driving.
		9. Number of minor violations in last 5 years: _____
		10. Number of major ¹ violations in last 5 years: _____
		11. Number of not-at-fault accidents in last 5 years: _____
		12. Annual physical condition statement provided (back of form). Yes ___
		13. For 12-15-passenger van use: Reviewed St. Andrew's 15-Passenger Van Safety Awareness Training (in large three ring binder). Date: _____
		14. Did you attach a copy of your driver's license and current personal insurance verification? Yes ___ Note: updating current insurance form is only required annually, at time of annual renewal.
		15. a. Name of primary ministry/staff you are supporting _____ 15. b. Name of Ministry Chair/Elder/Staff Leader _____

¹Major moving violations includes: reckless driving, speed excess, driving under the influence, fleeing the scene of accident.

This is a two page form, see back side for continuation and note on the bottom of the second page.

Driver's Annual Physical Condition Statement

Last complete physical – Date: _____

General health condition _____

Any major health problems _____

Last eye exam – Date: _____

Are glasses required? Yes ____ No ____

Do you have them if required? Yes ____ No ____

Hearing problems? Yes ____ No ____

Do you wear a hearing aid? Yes ____ No ____

To the best of my knowledge, I have no major health problems that would prevent me from driving vehicles for St. Andrew's Presbyterian Church.

I have read, understand, and agree to comply with St. Andrew's Transportation Policy.

Signature: _____ Date: _____

Note: Completed forms with copies of driver's license and insurance verification should be placed in the back of the Drivers Handbook in the church office for processing or provided to the church office. You will receive an email when your name has been added or updated to the Approved Drivers List. This form must be renewed every 12 months. Information on the front page of this form may be provided to the St. Andrew's insurance company. Point of contact for questions: Don Spiece dspiece@comcast.net 531-1948.