



Pointe of Grace Lutheran Church & Preschool

Driving Information Form

Name _____
First Middle Last

Telephone _____ (home) _____ (work)
_____ (cell)

Driver's License number _____ State of issue _____

Expiration date _____ Birth date _____

Type of license:

- _____ operators
- _____ commercial
- _____ chauffeur
- _____ other (please specify) _____

Do you have any restrictions on your driver's license?

- _____ Yes. If yes, please note here _____
- _____ No

Have you been involved in any motor vehicle accidents while driving during the past 3 years?

- _____ Yes. If yes, please list and describe each accident on the back of this page.
- _____ No

Have you been convicted of any moving violations in the past year?

- _____ Yes. If yes, please list and describe each conviction on the back of this page.
- _____ No

Do you carry liability insurance on your automobile?

- _____ Yes. If yes, please identify the insurance company _____
and submit a copy of your insurance card.
- _____ No. If no, DO NOT drive as a volunteer. All volunteer drivers must have liability insurance coverage.

I represent that each of my responses is truthful and accurate. I agree to notify the church with a reasonable time of any changes in the above information. I have attached a copy of my driver's license.

Signature

Printed Name

Date