### FIRST EVANGELICAL LUTHERAN CHURCH VOLUNTEER DRIVER FORM

Place valid driver license here to be photocopied by church office and kept on file

Complete this form if you *might* drive your personal vehicle or a vehicle owned by the church as part of your service. Clearance must be obtained from the church before you drive a vehicle owned by the church. Check with the Director of Volunteer Ministry. Drivers of church owned vehicles must be at least age 25, and drivers of personal vehicles must be at least age 21. Potential drivers over age 65 will have their records checked by the church's insurance company each year and will be cleared to drive by their underwriters.

| Name<br>Address |                                                           | •<br>-<br>- |
|-----------------|-----------------------------------------------------------|-------------|
| Phone           | Home<br>Cell                                              | -           |
| Have you ever   | been convicted of a DUI, speed contest or drug related of | offense?    |
| Have you had    | your license suspended or revoked within the last five ye | /ears?      |
| Have you had    | two or more moving violations within the last three years | rs?         |

This information is truthful and accurate. I agree to notify the church within a reasonable time of any change in the above information.

#### I have read the policy for safe transportation.

### I also agree to permit a background check (regular drivers of church owned vehicles only).

Signature\_\_\_\_\_

\_\_Date\_\_\_\_\_

DR 2559 (10/13/05) **COLORADO DEPARTMENT OF REVENUE** DIVISION OF MOTOR VEHICLES DRIVER CONTROL DENVER CO 80261-0016 (303) 205-5613

## PERMISSION FOR RELEASE OF INDIVIDUAL RECORDS and REQUESTOR RELEASE AND AFFIDAVIT OF INTENDED USE

Driver's License offices provide only personal driving record information. Records and/or other requests are available only at 1881 Pierce St., Lakewood, CO Pursuant to §24-72-204 (7)(b)(XIII), C.R.S.

| I (please print)<br>personal information as contained in records m<br>Vehicles, to the requestor identified below pursua<br>(§24-72-204, §42-1-206, §42-3-125 C.R.S.).                      | hereby authorize the release of<br>naintained by the Colorado Department of Revenue, Division of Motor<br>ant to the Driver's Privacy Protection Act (18 USC 2721) and Colorado law                                   |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| OR                                                                                                                                                                                          |                                                                                                                                                                                                                       |  |  |  |
| I (please print)<br>of (please print)<br>of personal information contained in records m<br>Vehicles, to the requestor identified below pursua<br>(§24-72-204, §42-1-206, §42-3-125 C.R.S.). | am the parent or legal gaurdian<br>and hereby authorize the release<br>aintained by the Colorado Department of Revenue, Division of Motor<br>nt to the Driver's Privacy Protection Act (18 USC 2721) and Colorado law |  |  |  |
| Driver's Date of Birth                                                                                                                                                                      | Driver's License Number                                                                                                                                                                                               |  |  |  |
| Signature                                                                                                                                                                                   | Date                                                                                                                                                                                                                  |  |  |  |
|                                                                                                                                                                                             |                                                                                                                                                                                                                       |  |  |  |

| Release Records to (name)                                                                                                                                                                                                                                                                                                       | Driver's Lic                    | ense Number                                                    | State          |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------------------------------|----------------|--|--|
| Company (if applicable)                                                                                                                                                                                                                                                                                                         |                                 |                                                                |                |  |  |
| Address                                                                                                                                                                                                                                                                                                                         |                                 |                                                                |                |  |  |
| City                                                                                                                                                                                                                                                                                                                            | State                           | ZIP Code                                                       |                |  |  |
| Under penalty of perjury, I attest that I shall not obtain, resell, transfer, or use the information in any manner prohibited by law. I understand that motor vehicle or driver records that are obtained, resold, or transferred for purposes prohibited by law may subject me to civil penalties under federal and state law. |                                 |                                                                |                |  |  |
| Signature of Requestor                                                                                                                                                                                                                                                                                                          |                                 | Date                                                           | · · ·          |  |  |
| If your check is returned for insufficient funds or a closed account, y<br>or identification card until the original check is redeemed and an                                                                                                                                                                                   | ou may not be<br>administrative | issued or renew any type of dr<br>and short check fee are paid | iver's license |  |  |

# Policy for SAFE TRANSPORTATION

**Travel Directives** 

- a. Drivers are limited to 10 hours of driving per day with frequent stops and breaks.
- b. Speed limits and all driving laws must be obeyed at all times. The driver will be responsible for all fines resulting from personal illegal acts.
- c. Seat belts must be worn by all occupants.
- d. Passengers may not be transported in truck beds or in the rear deck area of a station wagon or sport utility vehicle under any circumstances.
- e. Drinking of alcohol or use of intoxicating substances prior to or during the trip is strictly prohibited.
- f. Cell phone use by drivers while the vehicle is moving is strictly prohibited.
- g. Luggage and equipment must be secured so as to prevent injury in case of an accident or sudden stop.
- h. Drivers should avoid transporting just one passenger at any given time, resulting in one-on one contact with a minor, senior, or developmentally disabled.
- i. No use of alcohol, narcotics, marijuana or other substances that may alter your driving ability

Program Coordinators Responsibilities (the staff person involved)

- a. Inspect all vehicles, driver's licenses, and proof of insurance using this form
- b. Familiarize the drivers with church-owned vehicles; especially safety systems.
- c. Use his/her discretion in determining whether or not a vehicle and/or the driver is road worthy.
- d. Know the drivers under his/her directive.
- e. Must accompany all groups traveling outside the continental United States.
- f. Must assure that the group is in the capable hands of a Volunteer-HR (minimum age 21) when not traveling with the group personally
- g. Secure written parental permission for all minors being transported on each trip.
- h. Leave the following information with the church office: Names of those traveling, dates and times of departure and return, destination, planned stops, planned arrival, phone contact numbers and any other pertinent information.

Private Vehicle Insurance Protection

All privately owned vehicles must be covered by auto liability insurance that meet or exceed \$100,000/\$300,000/\$100,000. The primary insurance is the private owner's insurance and the secondary insurance is the church policy.