

Valid for 3 Years

Expiration Date \_\_\_\_\_

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 \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Home \_\_\_\_\_  
Cell \_\_\_\_\_

Have you ever been convicted of a DUI, speed contest or drug related offense? \_\_\_\_\_

Have you had your license suspended or revoked within the last five years? \_\_\_\_\_

Have you had two or more moving violations within the last three years? \_\_\_\_\_

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

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

# 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.

## 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.

**MOTOR VEHICLE CHECKLIST**  
(to be completed for each personal vehicle used on trips sponsored by FELC)

Date \_\_\_\_\_ Trip Destination \_\_\_\_\_

(This section to be completed by vehicle owner)

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Vehicle Make and Year \_\_\_\_\_

Color \_\_\_\_\_ Plate number \_\_\_\_\_ Renewal date \_\_\_\_\_

.....  
(This section to be completed by Program Coordinator)

Passengers:

1 _____	Contact # _____	2 _____	Contact # _____
3 _____	Contact # _____	4 _____	Contact # _____
5 _____	Contact # _____	6 _____	Contact # _____

Alternate Driver's name: \_\_\_\_\_  
(information must be on file with Church office)

**Basic Safety Check (required)**

1. Seat Belts for every passenger \_\_\_\_\_
2. Tire tread OK \_\_\_\_\_ Spare \_\_\_\_\_
3. Brakes OK \_\_\_\_\_
4. Windshield wipers OK \_\_\_\_\_
5. Current inspection sticker \_\_\_\_\_
6. Headlights and turn signal operating \_\_\_\_\_
7. Rearview Mirrors OK \_\_\_\_\_
8. Exhaust system OK \_\_\_\_\_

**Additional Safety Items (recommended)**

(these items are available in the Church office)

1. First Aid kit \_\_\_\_\_
2. Fire extinguisher \_\_\_\_\_
3. Flashlight \_\_\_\_\_
4. Flares or reflectors for emergencies \_\_\_\_\_
5. Cargo secured \_\_\_\_\_
6. Jumper cables \_\_\_\_\_

PROGRAM COORDINATOR'S SIGNATURE \_\_\_\_\_

ACCOMPANYING ADULT SIGNATURE \_\_\_\_\_  
(May leave blank if the program coordinator is attending.)

Place proof of insurance card here

to be photocopied by church office

and kept on file if operating a private vehicle

FELC VEHICLE CHECKLIST

Date \_\_\_\_\_ Trip Destination \_\_\_\_\_

(This section to be completed by Program Coordinator)

Owner's Name First Evangelical Lutheran Church

Address 803 Third Avenue, Longmont, CO 80501

Telephone number 303-776-2704

Year and Vehicle Make \_\_\_\_\_ Color \_\_\_\_\_ Plate number \_\_\_\_\_

Insurance Company Church Mutual Liability Coverage \$1,000,000

Insurance Telephone number 800-554-2642 (option 2 for claims)

Driver's name \_\_\_\_\_
(information must be on file with church office)

Alternate Driver's name \_\_\_\_\_
(information must be on file with church office)

Passengers (Please Print):

Table with 3 columns: Passenger #, Contact #, Contact #. Rows 1-13.

Basic Safety Check (required)

- 1. Seat Belts for every passenger
2. Tire tread OK
3. Brakes OK
4. Windshield wipers OK
5. Current inspection sticker
6. Headlights and turn signal operating
7. Rearview Mirrors OK
8. Exhaust system OK

Additional Safety Items (recommended)

- 1. Flares or reflectors for emergencies
2. Fire extinguisher
3. Flashlight
4. First Aid kit
5. Cargo secured

PROGRAM COORDINATOR'S SIGNATURE \_\_\_\_\_

ACCOMPANYING ADULT SIGNATURE \_\_\_\_\_
(May leave blank if the program coordinator is attending.)