

**Your Church**  
**1669 Main St**  
**Yourtown, MN**  
**(651) 555-5555**  
[www.YourChurch.org](http://www.YourChurch.org)

DRIVER INFORMATION FORM

*Our insurance carrier mandates that we perform driver's license checks  
and have insurance information on file for persons driving on behalf of  
the church.*

*This information will be kept confidential.*

***No 15-passenger vans may be used in the transportation of church members on church activities by order of  
the Board of Commissioners.***

Name of Driver \_\_\_\_\_

Date \_\_\_\_\_ Social Security # \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

- Check here if you have submitted a Volunteer background check.
- Check here if your car is currently in compliance with state law.
- Check here if your car is currently registered.

Driver's License Number \_\_\_\_\_ State Issued: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Year and Make of Car \_\_\_\_\_ Car License \_\_\_\_\_

Number of Passenger belts: \_\_\_\_\_

(Exclude and front seat with airbag if transporting children 12 years old and under)

Name of Insurance Carrier \_\_\_\_\_ Phone

# \_\_\_\_\_

Policy # \_\_\_\_\_ Insurance Expiration Date \_\_\_\_\_

The information provided above is accurate and correct.

I understand that my personal automobile insurance is primary coverage.

I also understand that my driving record will be checked, which may result in withdrawal of my voluntary driving status.

Signature of Volunteer Driver \_\_\_\_\_ Date \_\_\_\_\_