

RVCC Driver Registration Form

It is the goal of River Valley Community Church to provide a safe and secure environment for all visitors, attenders, and members. The information is requested 1) for insurance purposes, and 2) as a means of protecting the welfare of those who ride as passengers in our church vehicles and these are the only purposes for which this information will be used.

Name: _____ Date: _____.

Date of Birth: _____ SSN: _____.

Have you ever used any name(s) other than the one above? If yes, please list:

_____.

Current Address: _____ Length of time: _____.

Previous Address: _____.

Current phone number: (home) _____ (Work) _____.

Do you have a valid driver's license?

No Yes License number: _____ State: _____.

Do you have a CDL?

No Yes License number: _____ State: _____.

Have you ever provided transportation for any other organization(s)? No Yes

If yes, please list organizations and dates: _____.

_____.

What types of vehicles can you drive? _____.

Has your license ever been suspended? No Yes

Have you had any traffic violations or accidents in the last 3 years? No Yes

If yes to either, please give details of each: _____.

_____.

_____.

Do you take any medications regularly? No Yes If yes, please explain: _____.

_____.

Have you read the RVCC vehicle policy and agree to follow them? No Yes If no, will you agree to familiarize yourself with the policies before driving any of RVCC's vehicles? No Yes

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Is there any reason that you should not work with or around children? No Yes

Explain: _____.

Have you ever been the subject of a child abuse investigation? No Yes

If yes, please provide details: _____.

_____.

Have you ever been convicted or pleaded guilty to a criminal offense? No Yes

If yes, please provide details: _____.

_____.

I affirm that all the information provided is true and accurate.

Driver's Signature

Date

Please attach a photocopy of both the front and back of your valid driver's license.