Driver Questionnaire Form

INSTRUCTIONS FOR THE CLUB DIRECTOR:

<u>ALL</u> Adults providing their own personal vehicle(s) as transportation to Pathfinders and or Adventurers, other than their own children, or planning to drive someone else's personal vehicle(s) during the Club Year MUST complete, sign and return this form to their Club Director. This form must be reviewed by the Club Director/Staff in order to determine and/or confirm the eligibility of a Driver for any and all club sponsored events and/or outings for the Club Year.

SECTION A OF THE FORM

This section requires ALL "Yes" Boxes to be checked for the individual to qualify as a Driver.

You MUST have the driver show you their Driver's Driver License

You MUST have the driver show you their Insurance Policy and

You MUST verify that the information they provided on their form matches the actual documents you are looking at. You do NOT need to make copies of the License or Policy.

SECTION B OF THE FORM

If the Driver qualifies as a driver, you must talk with them and then decide, with your club staff, if you will allow them to be a Driver for the club.

You MUST keep the DRIVER QUESTIONNAIRE FORM for your club records.

You <u>MUST</u> also fill out the DRIVER QUESTIONNAIRE CHECKLIST in the Youth Ministries Management System (YMMS) for each Driver, but only <u>AFTER</u> they have completed their DRIVER QUESTIONNAIRE form.

NOTES:

- To fill out the online DRIVER QUESTIONNAIRE CHECKLIST, you only need to enter the Driver's name after you have VERIFIED that the Driver:
 - o Is 21 or older
 - Has a current/valid Driver's License
 - Has been cleared through the Adventist Screening Verification background check
 - Meets the required Insurance minimums.
- If you need to add additional drivers during the year, please follow the same process for them.
- Submitted Driver Questionnaire forms are to be kept at the Local Club ONLY.

Driver Questionnaire Form

Adults providing their own personal vehicle as transportation to Pathfinders/Adventurers, other than their own children, during the Club Year MUST complete, sign and return this form to their Club Director.

SECTION Drivers N					
☐ Yes	□ No	Are you at least 21 years of age?			
☐ Yes	□ No	No Have you completed and passed the Adventist Screening Volunteer Background Check?			
		Date Completed:			□ Verified
☐ Yes	□ No	Do you have a current/valid Driver's Licens	se?		☐ Verified
Driver's L	icense :	t:	_ State:	Expiration Date:	
Address:		City:		State:	Zip:
Insurance Carrier:				Expiration Date:	
Do you h	ave curr	ent car insurance that meets or exceeds the	REQUIRED mini	mum levels to be a [Oriver:
☐ Yes	□ No	\$100,000/300,000 - Limit of Liability			□ Verified
☐ Yes	□ No	\$10,000 - Medical / PIP Limit - Personal	Injury Protection		□ Verified
ALL OF	THE AB	OVE BOXES MUST BE CHECKED "Yes"	to qualify as a Dr	iver.	
SECTION Yes		Have you (the driver) been involved in any	at fault accidents	within the last	
		three years? If yes, please explain:			
□ Yes □	□ No	Have you (the driver) been cited for any moyears? If yes, please explain:	-		
•	By signi By signi persona By signi that all v	ng, I acknowledge that all the information I had, I agree to immediately notify the Club Ding, I understand that should I be involved in insurance will be primary. ng, I agree not to carry more passengers the ehicle occupants will be required to wear seng, I agree that at NO time will I drive a 15-p	rector if there are an accident while an the official load eat belts (no double	any changes to the i driving for the Pathf capacity for my vehi	inder Club, my
Driver's S	Signature	e (required):		Date	:
Church m	nembers	hip:			