

AFUMC VOLUNTEER DRIVER REGISTRATION FORM

Please complete the following form, which will assist our program and assure appropriate insurance coverage.

Driver's Name: _____ Driver's Age: _____
Address: _____
Phone number (h): _____
Phone number (w): _____ (c): _____
Emergency contact name: _____
Emergency contact phone#: _____

Driver's license information

Name on license: _____
License Number: _____
Type: _____
Any restrictions: _____
Expiration date: _____ State: _____
In what other states have you had a driver's license in the last ten years?

Have you had any moving traffic violation arrests or convictions in the last five years? (Include speeding, reckless driving, DUI, no operator's license and any other violations other than parking tickets, expired inspection stickers and similar minor non-moving violations.) YES NO
If yes, please note the violation and date.

Charge conviction (Yes/No/Reduced) Date _____ Place _____
Have you ever been denied a driver's license? YES NO
Has your driver's license ever been revoked or suspended? YES NO

Provide the following insurance information:

Current Insurance Company
Name: _____
Policy: _____
Address: _____
Phone Number: _____
How long have you been insured by this company? _____
What is the extent of liability coverage? _____

Do you agree to advise AFUMC immediately of any of the following? YES NO

1. A change in insurance coverage (amount, company, or agent).
2. Moving violations.
3. Revocation, suspension or any other change in driver's license.

Signature _____ Date _____

Present this form with your Drivers License and insurance card.

FOR OFFICE USE ONLY

Copy of driver's license attached _____ (initial)
Copy of insurance card attached _____ (initial)
Form reviewed by Staff: _____
Date: _____ Status: Approved _____ Rejected _____