VOLUNTEER DRIVER INFORMATION FORM International Believers' Church of Debrecen

This form is to be completed by all IBCD staff and volunteers who will be driving children or youth for activities sponsored by the Church.

Full Name:	
First	Middle Last
Address:	
Date:	
Are you 25	years of age or older?yesno
Phone:	
Email Addr	ress:
Driver's Lic	rense Number:
Expiration	Date:
Describe a	ll traffic violations during the past five years:

Vehicle to be driven (if not rented by IBCD)

Model and Make:	 	
Year:		
License Plate		



Registration Expires:					
Vehicle Owner:					
Insurance Company:					
Insurance Number:					
Expiration Date:					
I agree to the following:					
 I have read and agree to follow the Volunteer's Handbook concerning the sections about Child & Youth. 					
• I will wear my seat belt and will require all passengers to wear their seat belts at all times.					
 I will drive in a safe and responsible manner and will obey posted speed limits and all other driving and traffic laws. 					
 If requested, I will complete the forms necessary for a driving record and/or criminal background check. 					
• I will promptly submit an updated version of this form if my driver's license is revoked or suspended, if I plan to use a vehicle other than that described above, or if the insurance information for the vehicle I plan to use changes.					
 I will not text while driving or use my cell phone while the vehicle is moving. 					

Date

Signature

