

**BETHEL CHURCH
Volunteer Driver Waiver**

NOTE:

ATTACH A PHOTOCOPY OF BOTH SIDES OF YOUR DRIVER'S LICENSE TO THIS DOCUMENT.

Driver's name (as shown on license): _____

Date of birth: _____

Driver's license province and number: _____

Is this a commercial driver's license? Yes No

Which vehicle will you be driving?

Make: _____ Model: _____ Year: _____

License Plate Number: _____

Are you an insured driver on this vehicle? Yes No

In the past three years:

1. Have you been at fault for any accidents? Yes No
2. Have you had any moving traffic violations? Yes No
3. Have you had any insurance company cancel or refuse to provide you with auto insurance? Yes No
4. Have you had your driver's license revoked, suspended, or restricted? Yes No
5. Have you had any physical impairment other than corrective glasses? Yes No
6. Have you ever been charged with, or convicted of, "driving while intoxicated" or "driving under the influence"? Yes No

If any question(s) 1–6 have been answered with "yes," please provide full details below: (dates, descriptions, amounts, or other explanation – attach extra page if necessary).

I hereby declare that the above is true.

Name

Date