

West Covina Hills Adventist School

# Driver Information

If you would be willing to be asked to drive for certain school functions, indicate below days of weeks, times, or other considerations, then complete the rest of this form for the school file:

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Show proof of insurance to a school teacher or office person to sign below.

Driver \_\_\_\_\_ Vehicle \_\_\_\_\_

I have seen and verified proof of insurance for the above driver and vehicle.

\_\_\_\_\_  
School Representative

\_\_\_\_\_  
Date

I give my assurance that

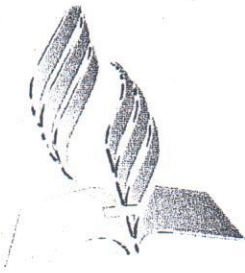
1. The insurance coverage shown to the school representative above is valid and in effect.
2. I am at least 21 years of age.
3. I have a valid driver's license.
4. My driving record shows no at-fault accidents and no more than one moving traffic violation in the last three years.
5. The vehicle to be used is equipped as required by law and all safety related items are known by me to be in good operating condition (i.e. tires, brakes, steering, etc.)
6. There are sufficient seat belts for each student assigned to my car, and I will make certain that each student is wearing a belt at all times when the vehicle is in motion.
7. I will obey traffic law, including speed limits, while carrying students for the school.
8. I will NOT be using a 15 passenger van. Vehicles designed to carry 11-14 passengers require drivers with the appropriate license.
9. I will enforce the following school policy:

The use of video entertainment while driving is not encouraged, but, if the circumstances seem prudent to do so, any video entertainment allowed must be rated and that rating must be G.

On school functions, students are not allowed to use personal electronic entertainment, especially music or games.

\_\_\_\_\_  
Driver's signature

\_\_\_\_\_  
Date



# Southern California Conference of Seventh-day Adventists

## Driver's Questionnaire [Note: All drivers must be at least 21 years old.\*]

**Please complete ALL blanks:**

Driver: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Last First Middle

Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_ SS#: \_\_\_\_\_  
(optional)

Home Address: \_\_\_\_\_  
\_\_\_\_\_

In what other states have you had a driver's license in the past three (3) years? \_\_\_\_\_

For which Southern Calif. Conference entity will you be driving? \_\_\_\_\_

What vehicle(s) will you be driving for the church or school? \_\_\_\_\_  
\_\_\_\_\_

Years of driving experience in the type of vehicle(s) listed above (please specify):  
\_\_\_\_\_

Total Number of miles driven annually in all vehicles: \_\_\_\_\_

Please list all citations received and all accidents involved in within the past three (3) years.

Give the dates, description and locations of each citation and/or accident:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the Southern California Conference, to obtain my motor vehicle operating records. In the event of a sub-standard record, I understand that the Conference may notify my church, school or entity to find an alternate driver. Otherwise, the Conference will endeavor to keep the information confidential.

\_\_\_\_\_  
Signature of driver Date

MVR Ordered \_\_\_\_\_ # of At-fault Accidents \_\_\_\_\_

# of Citations \_\_\_\_\_ Notified entity \_\_\_\_\_

Completed on-line training course: Y N Date: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_