



Empower Results®

**EMPLOYEE DRIVER FORM
(WHEN USING A PERSONAL VEHICLE)**

Name of Employee/ Driver: _____

Date of Birth: _____

Address: _____

Drivers License#: _____ State Issued: _____

Year, Make, Model of Vehicle: _____

Insurance Company's Name: _____

Liability Limits: _____
(Minimum Limits of \$100,000/\$300,000 Required)

In order to provide for the safety of those we serve, we ask each employee to answer the following questions:

1. I have NOT had a conviction for an infraction involving drugs or alcohol (such as driving under the influence or driving while intoxicated) in the last three years.
YES _____ NO _____
2. I have NOT had two or more convictions for an infraction involving drugs or alcohol (such as driving under the influence or driving while intoxicated) in the last seven years.
YES _____ NO _____
3. I have had no more than three moving violations or accidents in the last three years.
YES _____ NO _____

**PLEASE BE AWARE THAT AS A VOLUNTEER DRIVER, YOUR INSURANCE IS PRIMARY
PLEASE PROVIDE A COPY OF PROOF OF INSURANCE FOR OUR FILES.**

Certification

I certify that the information given on this form is true and correct to the best of my knowledge. I understand driving for Church ministry is a profound responsibility and I will exercise extreme care and due diligence while driving. I understand that as a employee driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.

Employee Driver Name (Please Print)

Date: _____

Employee Driver Signature