

# DRIVER SCREENING RELEASE

St. John's Lutheran Church



## APPLICANT INFORMATION

Driver's Name (as shown on license) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Driver's License # \_\_\_\_\_ State Issued \_\_\_\_\_

Is this a commercial driver license?      Yes      No

Which vehicle will you be driving? \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Year: \_\_\_\_\_

Are you the primary driver?      Yes      No

Primary driver = You drive the vehicle more than once per month or more than 12 times per year.

Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

Attach a copy of your insurance card. Proof of car insurance is required to drive for any St. John's Lutheran Church event.

## 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 impairments 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):

I understand that by providing this information and signing this form I am giving permission to St. John's Lutheran Church to perform a DMV record check in order to ensure the safety of my passengers.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_