Church Program
New Driver Information Form

All information must be completed and a current MVR obtained by the church. Once MVR is obtained, submit this form for the driver to be approved. Please print legibly. **Fax this form to Morrow Insurance Group – ATTN: Wilma Miller at 813- 830-7870** and a copy should be kept for your file.

Church: _____ Church #: _____ District#: _____

Name of Church Person approving driver (print name): _____

Phone #: ( ) _____ Fax #: ( ) _____

Name of Driver (print): _____ Date of Birth: _____
Driver **must** be 21 or they will not be approved.

Drivers License #: _____ Is this a Commercial Drivers License (CDL)? Yes ☐ No ☐

Have you had any traffic violations in the last 3 years: Yes ☐ No ☐
If yes, explain
ALL violations: _____

_____

Vehicle Orientation		**Driver Initial Below**
1)	I am aware that a Van or Bus, being heavier than the average car, takes longer to stop:	_____
2)	I understand **if I am driving a 15 passenger van**, there are to be no more than 12 persons total in the vehicle:	_____
3)	I am aware that the church vehicle, when filled with people, takes even longer to stop:	_____
4)	I have been shown where the emergency brake is on the church vehicle:	_____
5)	I have been shown where the turn signals and hazard light are on the church vehicle:	_____
6)	I have been shown where the seat belts are and that they are working properly:	_____
7)	I realize that when backing up a church vehicle to be aware of what is behind the vehicle:	_____
8)	I have been shown where the headlights can be turned on:	_____
9)	I have been shown where the spare tire and tools to change the tire are located:	_____
10)	I will inspect the following prior to driving the Church vehicle:	_____
	(a) tires (b) front lights (c) tail lights (d) brake lights (e) all mirrors	_____
11)	I have been shown where the registration and vehicle insurance card are kept:	_____
12)	I am aware that a MVR (motor vehicle report) will be run on me and can affect my church driving privileges:	_____

I have taken the above named driver for a driving test in _____ (year/make/model of vehicle)
And feel confident in his/her ability to safely operate that vehicle. (Facilitator initials): _____

"I am aware that consumer and motor vehicle reports may be obtained as part of Insurance Agency's evaluation of my employment and/or volunteer work. The reports may be procured by the Church or its insurance company representative(s), and may include information obtained from state motor vehicle departments, my driving record, an assessment of my insurability for the insurance program, or other consumer reports."

"By signing this letter, I hereby provide my authorization for the Church or their insurance company representative(s) to procure such information and reports, a well as additional reports about me from time-to-time as deemed appropriate, to evaluate my insurability or for other permissible purposes."

_____ _____ _____
Signature of New Driver Date of Orientation Signature of Facilitator

KEEP ON FILE AT CHURCH FOR 5 YEARS!