



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: _____ Phone: () _____ E-mail: _____

Name of Church Person Approving Driver (print name): _____

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 **Married or Single** _____

If yes, explain

ALL violations: _____

Driver Initial
Below

Vehicle Orientation

- 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!