

## OFF-SITE TRANSPORTATION DRIVER'S FORM

Event: \_\_\_\_\_

Location: \_\_\_\_\_

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Driver's Name: \_\_\_\_\_

Driver's Address: \_\_\_\_\_

Phone #s Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

*(Attach a photocopy of your driver's license.)*

Driver's Automobile Insurance Company: \_\_\_\_\_

Auto Insurance Policy #: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Do you have sufficient seat belts for each passenger and a child passenger safety restraining system or car seat available for each child and youth that legally must be transported in such seats?  YES  NO

*[See legal requirements for Kansas (K.S.A. 8-1344, as amended)]*

Do you agree to be responsible for assuring that each child and youth transported in your vehicle is properly restrained?  YES  NO

Date: \_\_\_\_\_

\_\_\_\_\_  
*(Signature of Driver)*

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### *For Salem Use Only*

Insurance Checked:  YES  NO

Driving Record Checked:  YES  NO

Approved as Driver for Salem Children's Ministries:  YES  NO

Date: \_\_\_\_\_

\_\_\_\_\_  
*(Signature of Supervising Worker)*