

**CAROLINA CONFERENCE
VOLUNTEER DRIVER QUESTIONNAIRE
PATHFINDERS**

ALL blanks must be completed:

Name _____ Are you 21 or older? _____

Driver's License # _____ State in which license is held _____ Expiration Date _____

Address _____

City _____ State _____ Zip _____

Do you have a current auto insurance policy? _____ Yes _____ No

Carrier _____ Expiration Date _____

Limit of Liability \$ _____

Medical/PIP Limit \$ _____

Have you been involved in any at fault accidents within the last three years? _____ Yes _____ No

If yes, describe: _____

Have you been cited for any moving violations within the last three years? _____ Yes _____ No

If yes, describe: _____

Have you been approved by the Church Board as a recommended driver? _____ Yes _____ No

I understand that should I be involved in an accident while driving for Pathfinders, my insurance will be primary.

Further, I agree to not carry more passengers than the official rated load capacity for my vehicle. And all vehicle occupants will be required to wear seat belts (no double belting allowed).

Driver's Signature _____ Date _____

Church _____