



Newberg  
Friends  
Church

Updated: \_\_\_\_\_

**CHURCH VEHICLE DRIVER INFORMATION/SCREENING FORM**

*Any drivers of NFC vehicles must complete the following form, according to our insurance company. Upon completion of the form, please present your drivers license which we will then copy and attach to this page. Thank you for your cooperation.*

Last name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Home address \_\_\_\_\_ City/state/zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Date of birth \_\_\_\_\_ Occupation \_\_\_\_\_

Drivers license # \_\_\_\_\_ State of issue \_\_\_\_\_

Do you currently have a CDL (commercial driver’s license)?  yes  no Years of bus driving or chauffer experience \_\_\_\_\_

Are you a primary driver? (you drive the church vehicle more than per month or more than 12 times per year)  yes  no

**In the past three years:**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Have you been at fault for any accidents?   | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 2. Have you had any moving traffic violations?   | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 3. Have you had any insurance company cancel or refuse to provide you with auto insurance?                       | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 4. Have you had your drivers license revoked, suspended or restricted?   | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 5. Have you had any physical impairment other than corrective glasses?   | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 6. Have you ever been charged with or convicted of “driving while intoxicated” or “driving under the influence”? | <input type="checkbox"/> yes | <input type="checkbox"/> no |

If any question(s) 1-6 have been answered with “yes,” please provide full details below (dates, descriptions, amounts or other).

*By my signature, I verify that the above information is correct and complete to the best of my knowledge.*

Signature of driver \_\_\_\_\_ Date \_\_\_\_\_

***Brotherhood Mutual Insurance Driver Selection Guidelines***

***The safety of the occupants of the vehicles is the primary concern in establishing guidelines for selecting drivers. Experienced, safety-conscious drivers are the key to safe vehicle operation and the prevention of accidents.***

1. ***Brotherhood Mutual prefers that all drivers be between the ages of 25 and 65. However, drivers outside of these recommended age ranges with no accident and/or motor vehicle violations may be acceptable.***
2. ***Drivers should not have a physical or health impairment that significantly limits their ability to drive safely.***
3. ***Drivers should have good driving habits. They should not have more than one accident or one traffic violation within the last 3 years.***
4. ***Drivers having violations such as careless driving, reckless driving, or driving under the influence will not be allowed by operate the church vehicles.***
5. ***All drivers should be property licensed for the size and type of vehicle being driven. A commercial driver’s license is required in certain circumstances.***