

Girl Scouts Eastern Missouri



Add Driver and/or Check Driving Record Request Form

Please complete this form for all employees and volunteers who regularly drive Council-Owned/Rented/Leased vehicles; individuals who receive reimbursement for mileage for their own vehicle; and/or persons who have driving duties as a significant part of their employee or volunteer assignments.

Return Fully Completed form to:

Add Driver and

Check Record

| | | | |
|-----------------------------------------------------------|----------------------|---------------------------------|----------------------------|
| <u>Name EXACTLY as it appears on the Driver's License</u> | <u>Date of Birth</u> | <u>License Number</u> | <u>Expiration Date</u> |
| | <u>State</u> | <u>Class or Type of License</u> | <u>Years of Experience</u> |

The Driver is: Employee or Volunteer

Year-Round or Seasonal (if seasonal, inclusive dates are _____ to _____)

If the driver has been licensed for less than 3 years in the current state (outlined above), in which state were they most recently licensed: _____ Name on License (if different than shown above): _____

Is driver licensed for and familiar with type of vehicle to be driven? Yes No

If no, when will training be complete? _____

How many years of driving experience does the driver have with this type of vehicle? _____ Years

Name of Driver's Insurance Company: _____ Policy Number: _____

What is the driver's experience in the last 3 years? (Persons not providing driver's experience information cannot be approved to drive council owned, leased, or borrowed vehicles.)

Information for the last three (3) years. Mark All Boxes. Use "0", "N/A" or "None" if necessary.

| Number of At-Fault Accidents | Number of Moving Violations | Has Your License Ever Been Suspended? | Explain accidents, violations, suspensions. (Use additional sheet if necessary) |
|-------------------------------------|-----------------------------|-------------------------------------------------------------|---------------------------------------------------------------------------------|
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Safe Driving is A Top Girl Scout Priority

I warrant the above information is true and accurate to the best of my knowledge. I authorize any investigation of all statements herein and release the above named Girl Scout Council and its agents from liability in connections with any such investigation. I understand that untrue, misleading, or omitted information may result in dismissal, regardless of the time of discovery by the above named Girl Scout Council. Further, I authorize Palmer & Cay to review my Motor Vehicle Report and discuss with the carrier and/or its agents, representatives or MGA as necessary to determine my eligibility as a driver for the Council. I also give permission for the information to be discussed with the Council.

Signature of Driver

Date