

FLORIDA CONFERENCE
ADVENTURER VOLUNTEER DRIVER QUESTIONNAIRE

(PERSONAL VEHICLE - Due Nov. 1)

(Must complete and sign this form if you are a staff member providing transportation to Adventurers during this Adventurer year 2015-2016)

Name _____ Age _____

Driver's License # _____ State _____ Expiration Date _____

Address _____ City _____ State _____ Zip _____

Church Membership _____

Do you have a current auto insurance policy? Yes No

Carrier _____ Expiration Date _____

Limit of Liability \$ _____ **MUST BE FILLED IN**

(Minimum \$100,000/300,000 required)

(MUST HAVE REQUIRED LIMIT OF LIABILITY FOR TRANSPORTING ADVENTURERS, PLEASE PUT THE AMOUNT IN THE BLANK SPACE)

Medical/PIP Limit \$ _____ **MUST BE FILLED IN**

(Personal Injury Protection – cannot be less than \$10,000)

Have you been involved in any at fault accidents within the last three years?

Yes No If yes, describe below:

Have you been cited for any moving violations within the last three years?

Yes No If yes, describe below:

I understand that should I be involved in an accident while driving for the Adventurer Club, my personal insurance will be primary. Further, I agree not to carry more passengers than the official rated load capacity for my vehicle. All vehicle occupants will be required to wear seat belts (no double belting allowed).

Driver's Signature: _____ Date: _____

Church: _____

(SIGNATURE REQUIRED- PLEASE DO NOT SUBMIT FORM WITHOUT SIGNATURE)

If no drivers, please indicate by checking this box.

Florida Conference of SDA, Youth Ministries Department, 351 S. State Road 434, Altamonte Springs, FL 32714, Fax #: 407-618-0279

Area: _____ Zone: _____ Cluster: _____