



Whiz Kids Vehicle Registration and Insurance Verification Volunteer Drivers Agreement

Driver's Name (please print) _____ Date of Birth _____

Whiz Kids Site _____

In order to comply with Ohio law, City Gospel Mission (Whiz Kids) requires volunteers providing transportation of youth or other program participants to meet the following qualifications:

1. To the best of my knowledge, the vehicle I am driving is in safe mechanical working condition, including but not limited to, legal tread, seat belts for all passengers and driver, operational lights and signals, engine and brake systems in working order. Yes No Type of Vehicle _____

2. I possess a valid state driver's license. (please attach copy) State _____ License # _____
Year _____ Make _____ Model _____

3. Liability and no fault insurance are carried on this vehicle with: _____
Insurance Company (please attach copy of insurance card)

I certify that I am currently insured through the above company for automobile liability insurance in an amount in excess of or equal to the minimum required under Ohio State law. I agree not to transport any passengers as part of the volunteer driver program if these minimum liability requirements are not met, or if my vehicle operator's license is not current and/or valid, or if the registration and license of the vehicle(s) I use to transport passengers is not current and/or valid.

I agree to keep my vehicle in safe mechanical working condition as long as I am transporting youth/participants.

4. I understand that as a volunteer driver, I am NOT covered by City Gospel Mission (Whiz Kids) automobile insurance. _____ (initials)

5. I understand that only adults aged 21 or over may drive passengers for City Gospel Mission (Whiz Kids). _____ (initials)

6. Please answer all questions below. 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 driver's license revoked, suspended, or restricted? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Have you had any physical impairments 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 questions have been answered with "yes", please provide full details on the back of this form: (dates, descriptions, amounts, or other explanation)

I affirm that all statements on this form are true and accurate. Further, I authorize City Gospel Mission (Whiz Kids) to make periodic checks of my driving and criminal record.

Signature _____

Date _____

Site Coordinator or Site Administrator Signature _____