



## **Sunnyvale Presbyterian Church Driver Guidelines**

Drivers must be at least 21 years of age, have a valid driver's license for at least 3 years, a safe driving record and carry the minimum insurance required by law. Drivers must fill out the attached form indicating their driving record and insurance information.

Drivers must read and agree to carefully follow these guidelines:

- Ensure your car is in safe condition; with good brakes and tires (including the spare); and that you have enough gasoline.
- The driver is ultimately responsible for the safety of the passengers.
- Drivers will not operate vehicles while under the influence of alcohol or drugs with vehicle operation warnings (prescription, over-the-counter, or illicit).
- All passengers must wear seat belts at all times. Seat belts should be used as designed, one person per belt. Students under 12 years of age or under 100 pounds must be transported in the rear seat of all vehicles.
- Observe speed and other traffic laws, not only for safety, but as an example to students riding with you.
- Smoking is prohibited in vehicles.
- Before leaving, the program director should provide you with directions, final destination information and contact information in case of emergency.

# Presbyterian Church of Sunnyvale Driver Information Form

Full Name of Driver:

\_\_\_\_\_

Telephone(s):

\_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Year & Make of Car: \_\_\_\_\_

Car License Plate: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Policy Number : \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Insurance Limits: \_\_\_\_\_

**Certifications:** *please initial each of the blanks and sign at the bottom*

\_\_\_\_\_ I understand that my own automobile insurance is primary and the Presbyterian Church of Sunnyvale does not provide any additional coverage for my automobile.

\_\_\_\_\_ I certify that the information given on this form is true and correct to the best of my knowledge.

\_\_\_\_\_ I certify that I have read and agree to follow and enforce the driver's guidelines provided to me.

\_\_\_\_\_ In the event of an emergency and I cannot be consulted, I hereby authorize that I be transported to a hospital and that emergency treatment may be administered.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date