

"Sharing the Good News of Jesus since 1867."

Volunteer Driver/Vehicle Check Safety and harm prevention are equally as important as sharing the gospel. We believe that Safe

environments create trusting relationships which open real opportunities for faith commitments.

Ministry:	
Location:	Day/Time:
Driver Information	
Drivers Name	
Drivers Phone No.	
License Number:	
License Type:(e.g. C, MR)	Expiry Date:
Are there any restrictions or endorsements on your licence, if so please supply details? (e.g. P plates)	
Have you had any driving offences in the last 12 months? if so please supply details?	
Vehicle Information	
,	ered and in good working order. Yes. No
Vehicle Make:	Vehicle Model:
Vehicle Registration:	
Is your vehicle Third p	party or Comprehensively insured?
Insurance company:	
Policy Number:	Expiry Date:
All voluntary drivers n	nust have insurance coverage. Without insurance, drivers are not permitted to
act as a volunteer dr	iver. Drivers must abide by all road rules and speed limits. All passengers must
wear a seat belt. Pl	lease attach a photocopy of current driver's licence to this completed form.
I confirm that the information I have supplied on this form is true and correct to the best of my knowledge.	
Signature:	Date:
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