

**Evergreen Christian Community
Evergreen Christian School**

Employee and Volunteer Driver Information and Vehicle Use Form

Driver's License Information – **Please attach a copy of your valid driver's license.**

Name: _____ Date of Birth: _____

Driver's License Number: _____ State: _____

Mailing Address: _____
Street/P.O. Box City State Zip

Email Address: _____

Personal Vehicle Information – **Please attach a copy of your current "Proof of Insurance".**
(If you have more than one vehicle, provide information on the one most likely to be used for Evergreen business.)

Year/Make of Auto: _____ Vehicle License No.: _____

Vehicle is registered to: _____

Insurance Company Name: _____ Policy No.: _____

Agent's Name: _____ Phone: _____

I hereby affirm that my driver's license is currently valid and that the above insurance information is accurate. I understand that I must notify Evergreen if my driving privileges are revoked, or restricted, or if, for any reason, my personal vehicle is no longer insured to the minimum amounts of coverage required by the State of Washington. I further understand that failure to provide the above notification prior to driving on Evergreen business is a serious violation of church policy and may result in disciplinary action up to and including termination.

Employee/Volunteer Signature

Date

Note: If you drive your personal vehicle while on Evergreen business and you are involved in an accident, by law your liability insurance policy is used first. Evergreen's liability policy would be used only after your policy limits have been exceeded. Evergreen does not cover, nor is it responsible for, comprehensive and collision coverage for your vehicle.

Driver Screening

Driver's name (as shown on license): _____

Home Phone Number: _____

Cell Phone Number: _____

Is this a Commercial Driver License? ☐ Yes ☐ No

In the past three years:

1. Have you been at fault for any accidents? ☐ Yes ☐ No

2. Have you had any moving traffic violations? ☐ Yes ☐ No

3. Have you had any insurance company cancel or refuse to provide you with auto insurance?

☐ Yes ☐ No

4. Have you had your drivers license revoked, suspended, or restricted?

☐ Yes ☐ No

5. Have you had any physical impairments other than corrective glasses? ☐ Yes ☐ No

6. Have you ever been charged with or convicted of “driving while intoxicated” or “driving under the influence”? ☐ Yes ☐ No

If any question(s) 1-6 have been answered with "yes," please provide full details (dates, descriptions, amounts, or other explanation) on the reverse of this form.

Applicant Signature:_____ **Date:**_____

Approved by: _____ Date: _____

RELEASE AND PERMISSION TO PROCURE A REPORT FOR VOLUNTEER APPLICANTS

Please type or print legibly name as it appears on your driver's license:

LAST NAME	FIRST	MIDDLE	
STREET ADDRESS		CITY/COUNTY	STATE ZIP CODE

Please list other names used and dates of name changes in the last ten years:

FULL NAME	DATE
DOB: ____ / ____ / ____	SSN: _____
DRIVER'S LICENSE NUMBER: _____ STATE: _____	

RESIDENCES: Please list residences in the last 10 years

State _____	City _____	County _____	Years _____ to _____
State _____	City _____	County _____	Years _____ to _____
State _____	City _____	County _____	Years _____ to _____

I, the undersigned, desire to provide volunteer services to Evergreen Christian Community /Evergreen Christian School (ECC/ECS). This relationship is initiated by me. In an effort to provide a safe environment for those who attend ECC/ECS, I am requesting that ECC/ECS obtain a criminal history report on me for purposes of evaluating me for possible volunteer services and I agree that this is a legitimate business purpose. I further understand and agree that if I am selected as a volunteer, this document may also be used by the ECC/ECS to request consumer reports on me for purposes of evaluating my retention as a volunteer. I hereby agree that a photographic copy or a telephonic facsimile of this document shall be valid for all purposes present and future. I understand that information obtained from any consumer report shall be used solely for the purpose of making decisions regarding my volunteer status. I further understand that, upon my written request, ECC/ECS will provide me with a complete and accurate disclosure of the nature and scope of the consumer report requested and a copy of my rights, if any, under the Fair Credit Reporting Act.

I hereby authorize Evergreen Christian Community to request a consumer report on me limited to the following areas:

- | | | |
|--------------------------|--------------------------------------------------------|---------------|
| <input type="checkbox"/> | Criminal history background check | _____ initial |
| <input type="checkbox"/> | Department of Motor Vehicles (or similar department) | _____ initial |
| <input type="checkbox"/> | Sex Offender Registry or other similar reporting sites | _____ initial |

RELEASE: I, the undersigned, hereby release and discharge to the extent permitted by law, **Evergreen Christian Community / Evergreen Christian School** and its directors, officers, employees, volunteers, and other agents, and any individual or agency obtaining information for **Evergreen Christian Community / Evergreen Christian School**, from any and all claims known or unknown, damages, losses, liabilities, costs, or other expenses arising from the retrieving, reporting, and / or disclosure of information in connection with obtaining any consumer reports (as described above) related to me. I understand and agree that nothing in this document shall limit or supersede any other document I have signed or may sign regarding background checks, reference checks or other matters.

Signed _____

Date _____