

## SHRINERS ANNUAL DRIVER CERTIFICATION

Temple \_\_\_\_\_  
 Noble (driver) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_ E M \_\_\_\_\_  
 Driver License # \_\_\_\_\_ State \_\_\_\_\_

**PLEASE ANSWER THE QUESTIONS BELOW:**

1.	I agree to offer my services as a volunteer driver for patients, parents and guardians of children who require transporting to and from a Shriners Hospital, including other Shriner related hospital transportation.	YES <input type="checkbox"/>
2.	I have a current and valid drivers' license as indicated above.	YES <input type="checkbox"/>
3.	I carry motor vehicle liability insurance in an amount of at least \$100,000 per person/\$300,000 per accident for Bodily Injury and \$50,000 for Property Damage.	YES <input type="checkbox"/>
4.	I am in good health and possess good hearing and vision. The date of my last medical examination was _____ My physicians name is _____	YES <input type="checkbox"/>
5.	Except as noted I have not been convicted on any motor vehicle violations in the past 12 months. Description of Violation: _____	CHECK IF NONE <input type="checkbox"/>
6.	Except as noted I have not been involved in a motor vehicle accident in the past 12 months. Description of Accident: _____	CHECK IF NONE <input type="checkbox"/>
7.	I agree to obey all motor vehicle laws and regulations and will make certain all children and adult occupants use safety belts and harnesses as required by law or each person's physical condition.	YES <input type="checkbox"/>
8.	If requested by the Potentate, I am willing to participate in any temple sponsored defensive driver program or any temple sponsored medical examination for hospital vehicle drivers.	YES <input type="checkbox"/>
9.	I authorize the verification of my driving record (motor vehicle report) with state and local authorities for temple or insurance carrier use.	YES <input type="checkbox"/>

Signature \_\_\_\_\_ Date \_\_\_\_\_