

Acknowledgement of Responsibilities of Designated LCBC Driver

Designated Drivers Must Meet the Following Qualifications:

1. Driver must be at least 25 years of age and no more than 70.
2. Driver must have a satisfactory driving record: no "fault" accident, no "major" moving violation and no more than one "minor" moving violation in the past 3 years.
3. Driver must sign acknowledgement of "Responsibilities of Designated Driver," which includes an understanding of insurance coverage as it pertains to the driver.
4. Driver must exhibit responsible driving habits.
5. Driver must be familiar with proper accident reporting procedures and guidelines.

I have read and will adhere to the responsibilities of governing the use of either church-owned vehicles or personal vehicles while transporting people to and from church and/or church-sponsored activities.

I am aware that automotive insurance liability will follow the flow below in the event of an accident, and as such, subject me to certain liability risks.

1. Owner of vehicle: _____
2. Driver of vehicle: _____
3. LAGUNA CHINESE BAPTIST CHURCH (*only in furtherance of church activity*)

Signature of Vehicle Owner/Driver: _____

Signature of Driver (*if not vehicle owner*): _____

For church use only...

This driver has been approved to drive: _____

Name of church representative – Print

Signature of church representative

Date Approved: _____

Department of Motor Vehicles Driving Record Check Permission Form

Date: _____

Driver's Name (print): _____

Driver's License #: _____ State: _____

Date of Birth: _____

I give my permission to LCBC to use the above information to check my Department of Motor Vehicles Driving Report. I also understand that the information contained in that report could adversely affect my status as an Authorized Driver of any LCBC vehicle.

Signature of Driver

Date

Application for Qualified Driver Status

Driver's Name: _____

Volunteer Employee

Address: _____

Date of Birth: _____ Driver License#: _____

DRIVING RECORD: List all accidents and traffic conviction(s) for past three years

Dates	Accidents/Convictions

Personal Auto Insurance Information: (or attach a copy of Declaration Page of your current policy)

Insurance Company Name: _____

Policy Expiration Date: _____ Liability Coverage Limits: _____

This certifies that this application was completed by me, and that all the entries and information are true and complete, to the best of my knowledge.

Applicant's Signature

Date