

Ohio Conference UCC Driver Qualification Form & Agreement for Use of Personally Owned Vehicles

Information disclosed in this application and the results of driving background check will be held using the strictest level of confidentiality and retained in your permanent file according to record retention procedures outlined in the Ohio Conference UCC Safe Conduct Policy and Procedures. This form must be submitted **no less than one month** in advance of the program or event at which you will to drive minors and/or vulnerable adults. If you do submit this form late, I understand that I may not be able to serve as a Leader for that event because I have not given the Ohio Conference UCC enough time to complete required background check.

Name _____
(First, Middle, Last)

Current Address _____
(Street, City, State, Zip)

Primary Phone _____ [Home, Work, Mobile, Other (circle one)]

Secondary Phone _____ [Home, Work, Mobile, Other (circle one)]

Date of Birth _____ Driver license No. & State*: _____

Expiration Date _____ Years of driving experience _____

Vehicle Insurance Carrier _____ Expiration date _____

Liability Policy Limit: Bodily Injury _____ Property Damage _____

Are all licensed vehicles you own covered by insurance as required by law? () Yes () No

Have you ever been denied a driver's license or had one suspended or revoked? () Yes () No

Have you had any moving traffic violations or accidents in the past three years? () Yes () No

If the answer to questions 2 or 3 is YES, explain. Give dates and details of violations and accidents on the back of this form.

I AGREE to the following as a condition of being permitted to act as a Volunteer Driver:

1. The vehicle owner's insurance is the primary liability insurance coverage in the event of an accident.
2. The owner of the vehicle which I am driving is responsible for keeping the vehicle in safe working order.
3. The owner of the vehicle is responsible for all damage to the owned vehicle however caused.
4. The owner of the vehicle shall maintain liability insurance in the amount of at least Bodily Injury -- \$50,000 per person and \$100,000 per accident or \$200,000 combined single limit; and Property Damage -- \$25,000 per accident.
5. The Conference's insurance shall apply in excess of the vehicle owner's liability insurance limits in the event the primary limits are exhausted, and only to the extent the Conference is legally obligated to pay damages.
6. I will not receive or initiate phone calls while operating a vehicle for Conference activities, to include receiving or initiating text messages.

7. I will indemnify and hold the Conference harmless from liabilities and damage resulting from my operation of a motor vehicle not owned by the Conference. The Conference will indemnify and hold harmless the volunteer driver for liabilities and damages resulting from acts or negligence of the Conference.

I hereby AFFIRM that the information I have given is stated truthfully and that I shall abide by the terms of the Conference's Vehicle Use Policy. Attach a copy of Driver's License and current Insurance ID Card

Print name _____

Signature _____ Date _____

Ohio Conference UCC Attn: Pam Brown
6161 Busch Blvd. Ste. 100
Columbus, OH 43229
Email: ohioucc@ocucc.org Fax: 614-885-8824

For Office Use Only:
Date Received _____