

## Driver's Declaration Form for Children's and Youth Ministry

Name of Congregation		
Name of Group/Activit	y:	
Driver's Full Name:		
Residential Address: _		
Phone:	ne: Mobile:	
Working with Children	Check Clearance (please attach	a photocopy)
_		Type of Card:
Drivers Licence (please	e attach a photocopy)	
Licence Number:	Expiry Date:	State of Issue:
Vehicle		
Make/Model/Year:		Registration Number:
Vehicle Insurer: Insurance Type:		Insurance Type:
<ol> <li>I do not have a sexual assault,</li> <li>If I am charged</li> <li>My vehicle is roroadworthy, I wande.</li> <li>I understand the vehicle. I underseat belts are underseat belts are underseat.</li> </ol>	ny criminal conviction which invo or provision of prohibited drugs. with any crime I will immediately badworthy, and should it come to will notify the activity coordinator nat it is my duty to protect and ca rstand that this includes driving the	my attention at any time not to be so that alternate arrangements can be re for the children who will travel in my ne vehicle in a safe manner, ensuring that I times, not smoking in the vehicle or driving
Driver's Signature:		Date:
Witness Signature:		Date:
Witness Name:		
As the person resp the driver is trustw		fied that the above information is true and
Name:	R	ole:
Signature:		Date: