



Chi Alpha Campus Ministries, U.S.A.

1445 N. Boonville Ave. Springfield, MO 65802 (417) 862-2781

Geographic Areas and Group Charters

REQUIREMENTS FOR DRIVERS OFF PREMISES TRIPS AND EVENTS

Event Destination: _____ Event Date: _____

All forms must be completed and submitted prior to event driving for.

Insurance

Driver's Name: _____ Policy Holder Name: _____

Auto Insurance Company: _____

Policy No: _____ Effective Dates: _____

Specify insurance coverage maintained (minimum 50/100 BI /50 PD; prefer 100/300 BI /100 PD): _____

I will maintain my insurance at the approved level specified. If a change is made, I will notify Chi Alpha: Yes ☐ No ☐

I have provided to Chi Alpha a copy of my automobile insurance policy. Yes ☐ No ☐

I will provide Chi Alpha an updated copy when my insurance is renewed: Yes ☐ No ☐

Driver Information

Driver's License No: _____ CDL Expiration Date: _____

I have provided Chi Alpha a legible copy of my driver's license: I am between the ages of 25 and 65:

Yes ☐ No ☐

Yes ☐ No ☐

In the last 3 years, have you been convicted of more than one minor traffic violation, had more than one at fault accident or had your drivers license suspended or revoked in the past 5 years.

Yes* ☐ No ☐ (*If you answered "Yes" please provide details on the reverse side.)

Vehicle Safety

Number of passengers with working seat belts in this vehicle: _____

As required by law, I guarantee that all occupants will be wearing seat belts while this vehicle is being operated and comply with the safety requirements of the vehicle including but not limited to airbags: Yes ☐ No ☐

The automobile being driven for the specified event(s) is in good working operation, has been regularly maintained and inspected and I have no concerns regarding the safety of my vehicle: Yes ☐ No ☐ (No 15 Passenger Vans)

I will caravan with the group (as applicable) and will keep in close contact with the staff during this trip. Yes ☐ No ☐

I will **not** use a cell phone while operating this vehicle. Yes ☐ No ☐

I affirm that the above information is accurate and correct and I will carry insurance on the vehicle being driven, and I will notify Chi Alpha if my insurance is cancelled or if any of the above information changes. I will always operate this vehicle in a safe manner while transporting children.

Drivers Signature

Date

Cell Number

*Please retain this form locally. (scan copy or original)