## **VOLUNTEER AGREEMENT for MLEPC TRANSPORTATION MINISTRY**

Driver's Name:	
	Email:
Driver's License Number:	Expiration Date of License:
Vehicle Registration Number:	Is the vehicle licensed to the driver? Yes No
Motor vehicle citation(s)/ incidents i	n last 5 years? Yes No.
If yes, please explain	
Driver's Medical Insurer	Policy/Group No
Driver's Automobile Insurance Company	Policy No
Driver's Emergency Contact Information:	
Name:	Relationship:
Phone:	Email:
Driver's Clearances: (a copy of each will be ke	ept in confidential file at the church)
PA Criminal Background Check (free	e to volunteers)
Child Abuse Clearance (free to volu	nteers)
FBI Clearance (required if not a resi	dent of PA within last 10 years - fee reimbursable by MLEPC)
I acknowledge that my participation including, but not limited to, the following: s damage and financial damage.  I also accept personal financial responsel as for any medical treatment that is authorized and promise to indirectly out of the transportation, whether otherwise.  If a dispute over this Agreement or a through a mutually acceptable alternative di	the Transportation Ministry of Mt. Lebanon Evangelical Presbyterian Church. in this activity involves risk and may result in various types of injury ickness, bodily injury, death, emotional injury, personal injury, property onsibility for any injury or other loss sustained in association this ministry, as horized by MLEPC or its agents, employees, volunteers, or any other emnify, defend and hold harmless MLEPC for any injury arising directly or such injury arises out of the negligence of a MLEPC volunteer, myself or any claim for damages arises, I, the Volunteer, agree to resolve the matter spute resolution process. If we cannot agree upon such a process, the rarbitration panel for resolution in accordance with the rules of the gh, PA.
Signature:	Date: