

WELLESLEY HILLS CONGREGATIONAL CHURCH
207 Washington St.
Wellesley, MA 02481
781-235-4424
www.hillchurch.org

DRIVER INFORMATION FORM

Driver's Name: _____ Phone #: _____

Address: _____ License Number: _____
State Issued: _____

Vehicle Description: _____ License Plate #: _____

Name of Vehicle Owner (if not driver): _____

Address of Vehicle Owner (if not driver): _____

Name of Car Insurance Company: _____
(If you are not the vehicle owner, does the owner's insurance cover you? ___ Yes ___ No.)

Have you ever been charged with Operating Under the Influence or Reckless Driving?
___ Yes ___ No

If "Yes", please indicate the date(s) on which you were charged, the jurisdiction where you were charged and the outcome of the charges.

_____.

Have you been charged with any moving violation(s) within the past three years? If "Yes", please indicate the date(s) on which you were charged, the nature of the charges, the jurisdiction in which you were charged and the outcome of the charges.

_____.

Have you been found at fault in any motor vehicle accident within the last three years? ___ Yes ___ No

If "Yes", please explain.

_____.

I, the undersigned, agree to require that each passenger in the car I drive will be required to use a seatbelt.

I, the undersigned, am 21 years of age or older.

I, the undersigned, will not use a cell phone while driving.

The vehicle that I, the undersigned, will be driving has a current inspection sticker.

Signature

Printed Name

The Wellesley Hills Congregational Church thanks you for offering to drive activity participants and appreciates your cooperation in ensuring the safety of all participants.