



**FLORIDA ANNUAL CONFERENCE UNITED METHODIST CHURCH
DEPARTMENT FOR MINISTRY PROTECTION**

Church Trip Form

Send completed form to

Fax No : 863-686-7363 or e-mail to: aruiz@flumc.org

IMPORTANT: This form must be completed and submitted at least ten (10) days prior to departure for all motor vehicle trips over 500 miles round trip within the United States. All drivers must be **21 years of age or older, hold a Florida Drivers License and** have at least one year of U.S. driving experience to operate a church vehicle.

Church Information (all fields required):

Church Name: _____	City _____
District: _____	GCFA#: _____
Contact Person: _____	Title: _____
Phone Number: () _____	Fax: () _____
Email: _____	

Trip Information:

Departure Date: _____	Return Date: _____
Destination(s): _____	
Purpose of Trip: _____	
Estimated Round Trip Miles: _____	
Number of Passengers:	Adults: _____ Youths: _____ Total: _____

Vehicle Information:

Vehicle Registered to: _____
Vehicle Identification Number: _____ (required for church owned vehicles only)
Year: _____
Make: _____
Model: _____
15-Passenger Van? <input type="checkbox"/> Yes <input type="checkbox"/> No

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aruiz@flumc.org

Additional information and all forms are available on the Florida Conference website (www.flumc.org)

Revision Date: 12/9/09



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Driver Information and Authorization to Obtain Motor Vehicle Records:

I am aware that motor vehicle reports may be obtained as part of the Florida Annual Conference United Methodist Church's evaluation of my request to operate a church vehicle. The reports may be procured by the Florida Annual Conference United Methodist Church or its insurance broker/company representative(s), and may include information obtained from state motor vehicle departments, my driving record or an assessment of my insurability for the insurance program.

By signing below, I hereby provide my authorization for the Florida Annual Conference United Methodist Church and/or their insurance broker/company representative(s) to procure such information and reports about me from time-to-time as deemed appropriate, to evaluate my insurability or for other permissible purposes.

Driver #1:

Any Moving Violations in the Last Five Years: <input type="checkbox"/> Yes <input type="checkbox"/> No

Driver's Name: (as it appears on Driver's License) _____
Driver's License Number: (Must be a valid Florida Drivers License) _____
Date of Birth: _____

Signature of Driver _____

Date _____

Driver #2:

Any Moving Violations in the Last Five Years: <input type="checkbox"/> Yes <input type="checkbox"/> No

Driver's Name: (as it appears on Driver's License) _____
Driver's License Number: (Must be a valid Florida Drivers License) _____
Date of Birth: _____

Signature of Driver _____

Date _____

Please photocopy this form for additional drivers.

Keep a copy of this form for your records and forward a copy to:

Fax No: 863-686-7363

or e-mail to: aruiz@flumc.org

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