



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

# New Driver Form

Send completed form to:

Fax No: 863-686-7363 or e-mail to: [hmitchell@flumc.org](mailto:hmitchell@flumc.org)

**IMPORTANT:** This form must be submitted for all new drivers at least ten (10) business days prior to their operating a church vehicle or driving a personal vehicle on church business. All drivers must hold a **Florida Driver's License**, be at least **21 years of age and have at least one year of U.S. driving experience** to operate a church vehicle or drive a personal vehicle on church business.

**\*MUST ATTACH A COPY OF CURRENT FLORIDA DRIVER'S LICENSE.**

### Church Information:

<b>Church Name:</b>	_____	<b>City</b>	_____
<b>District:</b>	_____	<b>GCFA#:</b>	_____
<b>Contact Person:</b>	_____	<b>Title:</b>	_____
<b>Phone Number:</b>	( ) _____	<b>Fax:</b>	( ) _____
<b>Email:</b>	_____		
<b>Name of Church Official Recommending Driver:</b>	_____	<b>Date:</b>	_____
<b>Official's Title:</b>	_____		

### Driver Information:

Provide all information below as it appears on the applicant's driver's license.

<b>Driver's Full Name:</b>	_____		
<b>Driver's License Number</b> (Must be a valid Florida Drivers License)	_____	<b>Date of Birth:</b>	_____
<b>Any Moving Violations in the Last Five Years:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Driver is a:</b>	
<input type="checkbox"/> <b>Volunteer</b>	
<input type="checkbox"/> <b>Church Employee:</b>	
<input type="checkbox"/> <b>Employee Position/Title:</b>	_____

Continued on Second Page

[hmitchell@flumc.org](mailto:hmitchell@flumc.org)



# New Driver Form

Continued from First Page

**Driver Orientation:**

- The driver **must initial** each line below indicating their understanding and acceptance of each item for each church vehicle they are operating or personal vehicle they are driving on behalf of the church.

- I am aware that a van or bus, being heavier than an average car, takes longer to stop .....(\_\_\_\_\_)
- I am aware that a vehicle, when filled with passengers or cargo, takes longer to stop .....(\_\_\_\_\_)
- I am aware that when backing up a vehicle, I must be aware of what is behind the vehicle.....(\_\_\_\_\_)
- I have been shown how to use the emergency brake .....(\_\_\_\_\_)
- I have been shown where the headlight and hazard light switches are and how to operate them .....(\_\_\_\_\_)
- I have been shown where the turn signal lights are and how to operate them.....(\_\_\_\_\_)
- I have been shown where the seat belts are and how to use them.....(\_\_\_\_\_)
- I have been shown where the spare tire and tools are located and how to change a tire.....(\_\_\_\_\_)
- I will inspect and ensure that the following are operating properly prior to driving any church vehicle  
(a) tires, (b) headlights, (c) tail lights, (d) brake lights, (e) turn signals, (f) all mirrors, (g) seatbelts.....(\_\_\_\_\_)

(A Vehicle Inspection Form is available from the Department for Ministry Protection)

**Church Official Confirmation:**

- The **church official must** initial the statement below indicating their approval of the driver's ability.

The above named driver has demonstrated to me their ability to operate all church vehicles safely .....(\_\_\_\_\_)

**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 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.

\_\_\_\_\_  
Signature of Driver

\_\_\_\_\_  
Date

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

**Fax No: 863-686-7363**

**or e-mail to: [hmitchell@flumc.org](mailto:hmitchell@flumc.org)**

**[hmitchell@flumc.org](mailto:hmitchell@flumc.org)**