Girl Scouts of Central Illinois



Add Driver and/or Check Driving Record Request Form

Please complete this form for all employees and volunteers who regularly drive Council-Owned/Rented/Leased vehicles; individuals who receive reimbursement for mileage for their own vehicle; and/or persons who have driving duties as a significant part of their employee or volunteer assignments.

Please include with this form a copy of your driver's license and vehicle insurance.

Return Fully Completed form and copies to: customercare@girlscouts-gsci.org

- \Box Add Driver and
- \Box Check Record

<u>Name EXACTLY as it appears on the Driver's License</u>	<u>Date of Birth</u>	<u>License Number</u>	Expiration Date		
	<u>State</u>	<u>Class or Type of License</u>	<u>Years of Experience</u>		
The Driver in Employee or Volunteer					
The Driver is: \Box Employee or \Box Volunteer					
\Box Year–Round or \Box Seasonal (if seasonal, inclusive dates are to)					
If the driver has been licensed for less than 3 years in the current state (<i>outlined above</i>), in which state were they					
most recently licensed: Name on License (<i>if different than shown above</i>):					
nost recently needsed rune on Electise (g ujjeren man shown above)					
Is driver licensed for and femilier with two of vahiele to be driven $2 = \Box V_{0} \otimes \Box N_{0}$					
Is driver licensed for and familiar with type of vehicle to be driven? \Box Yes \Box No If no, when will training be complete?					
If no, when will training be complete?					
How many years of driving experience does the driver have with this type of vehicle? Veers					
How many years of driving experience does the driver have with this type of vehicle? Years					
Name of Driver's Insurance Company: Policy Number:					
Name of Driver's insurance Company Follow Number					
What is the driver's experience in the last 3 years? (Persons not providing driver's experience information					
cannot be approved to drive council owned, leased, or borrowed vehicles.)					
Information for the last three (3) years. <u>Mark A</u>	<u>All Boxes.</u> Use	e "O", "N/A" or "None'	² if necessary.		
Number of At- Number of Has Your Lic	ense Exp	lain accidents violations	suspensions		

Number of <u>At-</u> <u>Fault</u> Accidents	Number of Moving Violations	Has Your License Ever Been Suspended?	Explain accidents, violations, suspensions. (Use additional sheet if necessary)
		□Yes □No	

Safe Driving is A Top Girl Scout Priority

I warrant the above information is true and accurate to the best of my knowledge. I authorize any investigation of all statements herein and release the above named Girl Scout Council and its agents from liability in connections with any such investigation. I understand that untrue, misleading, or omitted information may result in dismissal, regardless of the time of discovery by the above named Girl Scout Council. Further, I authorize Palmer & Cay to review my Motor Vehicle Report and discuss with the carrier and/or its agents, representatives or MGA as necessary to determine my eligibility as a driver for the Council. I also give permission for the information to be discussed with the Council.

Signature of Driver