

## Add a Driver and Check Driving Record Request Form GSCI Volunteer

Please complete the form for all volunteers that will be transporting Girl Scouts that are not their own children. Form must be submitted at least **2 weeks** before your trip. Please include with this form a copy of your *driver's license and vehicle insurance* and return to [state@girlscouts-gsci.org](mailto:state@girlscouts-gsci.org)

Name Exactly as it appears on the Driver's License

_____	_____	_____
Date of Birth	License Number	Expiration Date
_____	_____	_____
State	Class or Type of License	Year of Experience
_____	_____	_____

If the driver has been licensed for less than 3 years in the current state (listed above), in which state were they most recently licensed: \_\_\_\_\_  
Name on out of state License (if different than shown above): \_\_\_\_\_

Is the driver licensed for and familiar with type of vehicle to be driven? YES NO  
If no, when will training be completed? \_\_\_\_\_

How many years of driving experience with this type of vehicle? \_\_\_\_\_ Years

Name of driver's insurance company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

What is the driver's experience in the last 3 year? *Person not providing driver's experience information cannot be approved to transport Girl Scouts.*

Number of At-Fault Accidents: \_\_\_\_\_ Number of Moving Violations: \_\_\_\_\_

Has your license ever been suspended? YES NO

Explain accidents, violations, suspensions. *Use additional sheet if necessary.*

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### 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

\_\_\_\_\_  
Date