

# Alaska Mission Adventures

## Ministry Team Auto Safety Certification

*This form is intended for summer staff who have responsibility to conduct ministry business or transport youth by personal auto and/or Eaglecrest van or bus. Only persons with valid driver's licenses and valid personal auto insurance may transport others as part of camp activities.*

Circle either **Y** for Yes or **N** for No. The information on this application will not be disclosed to unauthorized persons.

**Y N** Are you now a licensed driver? Please attach a photocopy of your current driver's license to the form.

**Y N** Do you currently have personal auto insurance? Please attach a photocopy of your current insurance information

**Y N** Have you been cited for driving violations (parking tickets not applicable) within the past 2 years? (If yes, please explain the nature of the citations on the back of this paper.)

### Agreement to Notify of Driving Events

I agree to immediately inform the **SUMMER MINISTRY DIRECTOR** if my driver's license is suspended or revoked, if I am cited for a driving offense, or if I have DUI or DWI charges pending. I must also notify the **SUMMER MINISTRY DIRECTOR** if my personal auto insurance is canceled or not renewed. These notifications are required even if the offenses are not related to ministry work. Eaglecrest will not release this information to unauthorized persons. *Note: Being ticketed for a minor driving offense does not automatically disqualify you from transporting people.*

### Seat Belt Usage

I agree to transport persons only in passenger seats equipped with appropriate seat belts and child safety seats. I agree to require seat belt usage and child safety seat usage at all times. In buses that are not outfitted with seat belts, this rule does not apply.

### Safe Vehicles / Safe Driving

I agree to transport persons only in vehicles that are in safe operating condition (pre-trip and post-trip inspections). While transporting for any ministry function, I agree to obey speed limits and drive in a safe manner that is safe and consistent with state laws.

**I have truthfully and accurately responded to the questions above. I agree to notify Eaglecrest if any of the driving events listed above occurs.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print name \_\_\_\_\_

Return To: Eaglecrest, PO Box 114, Hudsonville, MI 49426

