

THE CALL

Calvary Chapel Chino Hills

For Office Use Only
D/L Exp. Date: _____
Ins. Exp. Date: _____

DRIVER PROFILE

PLEASE NOTE THE FOLLOWING REQUIREMENTS

Our Insurance Company requires that anyone driving for a church activity must be between the ages of 25 - 65.

Driver's name _____ Age _____ Phone _____

Home Address _____ City _____

Email Address _____

Driver's License # _____ State _____ Class: A B C

How long have you had your driver's license? _____ Exp. Date _____

Auto Insurance Company _____

Policy # _____ Policy Dates _____ to _____

Have you had a car accident in the last 2 years? Yes No

Have you had a traffic citation in the last 2 years? Yes No

If yes, please explain _____

Are there any exclusions on your Driver's License or your Insurance Policy? Yes No

Please explain _____

Medical Information

Are you currently taking any medication? No Yes, for _____

How does this medication affect your driving ability? _____

Any medical conditions we should be aware of? _____

Trip Information

Event _____ Street Witnessing _____ Ministry _____ The Call _____

Departing from _____ CCCH _____ Date & Time: _____ For the duration of the Training _____

Returning to _____ CCCH _____ I plan on driving round trip

I the undersigned understand and acknowledge that if I am driving my own vehicle, I and my Insurance Company will be held responsible for any injury, accident, illness or death occurring during or by reason of the transportation for this outing. I agree to release Calvary Chapel Chino Hills and each of its overseers of any responsibility for damage to property or medical attention occurring by reason of this outing.

Signature of Driver

Date

Fill out this form and send it along with a copy of your Driver's License and Proof of Insurance to
thecall@calvarycch.org