**Girl Scouts of Southeastern New England**

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.

**Wanda Rivera, Volunteer Specialist at** **wrivera@gssne.org**

[x]  Check Record

|  |  |  |  |
| --- | --- | --- | --- |
| *Name and Address EXACTLY as it appears on the Driver’s License*Name:Address:Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | *Date of Birth**\_\_\_\_\_/\_\_\_/\_\_\_\_* | *GS_SE-NEW-ENGLAND_servicemarkGS_SE-NEW-ENGLAND_servicemarkGS_SE-NEW-ENGLAND_servicemarkGS_SE-NEW-ENGLAND_servicemarkLicense Number**\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | *Expiration Date**\_\_\_\_/\_\_\_/\_\_\_\_\_* |
| *SU/Volunteer Role/Troop#**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | *Class or Type of License**\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | *Years of Driving Experience**\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

The Driver is: [x] Volunteer [x] Year–Round

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

Is driver licensed for and familiar with type of vehicle to be driven? [ ] Yes [ ] No

If no, when will training be complete? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many years of driving experience does the driver have with this type of vehicle? \_\_\_\_\_\_ Years

Name of Driver’s Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy 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. Mark All Boxes. Use “0”, “N/A” or “None” if necessary.**

|  |  |  |  |
| --- | --- | --- | --- |
| Number of **At-Fault** 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 Date