ANNUAL DRIVER CERTIFICATION

For Transporting Patients, Parents and Guardians to
Shriners Hospitals for Children

Temple AMRAN
Noble
Address
City, ST NC
Zip Code
Phone

I, _____, do hereby certify:
(Print FULL Name Legibly)

1. I offer my services to AMRAN Temple as a volunteer driver for patients, parents and guardians of children who require transportation to and from a Shriners Hospital for Children location and other related Shriners Hospitals for Children transportation.
2. I am the holder of a valid driver's license, number _____, issued by the state of _____, which expires on _____. I have motor vehicle liability insurance coverage in the amount of _____ with _____ Insurance Company, policy number _____.
3. I am in good health, possess good hearing and have correct vision of at least 20/40. My last medical examination was with _____, MD on _____.
4. I have not been convicted on any motor vehicle violation for the past 12 months other than _____ _____.
5. I have not been involved in any motor vehicle accident for the past 12 months other than _____ _____.
6. I will obey the law and rules of the road; and I will use a safety harness when transporting children and will make certain that all adult occupants use safety harnesses and that children use safety devices required by the law or appropriate to their physical condition.
7. If requested by the potentate, I am willing to participate in any temple sponsored defensive driver program for hospital vehicle drivers and any temple sponsored medical examination for hospital vehicle drivers.
8. I authorize the recorder of this temple to verify my driving record with the appropriate state and local authorities.

Signature_____ Dated:_____

For Office Use Only:		
Received In Temple Office	By:	Date:
Received in Insurance Office	By:	Date: