

St. Mark's Lutheran Church of Olathe, Kansas, Inc.

OFF-SITE TRANSPORTATION DRIVER

Please Print (Black or Blue Ink)

Event: _____

Location: _____

Date(s): _____ Start Time: _____ End Time: _____

Driver's Name: _____

Driver's Address: _____
Number Street City State Zip

Phone #'s: Cell: _____ Home: _____ Work _____

Driver's License Number; _____ State: _____

[Attach a photocopy of your driver's license]

Driver's Automobile Insurance Company: _____

Auto Insurance Policy #: _____ Expiration date: _____

[Attach photo copy of the current insurance card for the vehicle to be used]

Do you have sufficient seat belts for each passenger and a child safety restraining system or car seat available for each child and/or youth that legally must be transported in such seats? Yes No

See legal requirement for Kansas (K.S.A. 8-1344, as amended) [Web site: kslegislature.org]

Do you agree to be responsible for assuring that each child and youth transported in your vehicle is properly restrained? Yes No

Date: _____

(Signature of Driver)

Office Use Only