

ANNUAL DRIVER CERTIFICATION

Noble's Name Temple/Member#

Driver Address

Date of Birth

Telephone/Cell

I, , do hereby certify:

1. I offer my services to Temple as a volunteer driver for patients, parents /guardians of children who require transportation to and from a Shriners' hospital and other related Shriners' hospital 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 the following insurance company:
 Policy #
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 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 appropriate state and local authorities

Signature Date