Girl Scouts Heart of the South

Driver Review 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.

Return Fully Completed form to:

Name EXACTLY as it appears on the Driver		iver's License	Date of Birth	<u>License Number</u>	Expiration Date
			<u>State</u>	Class or Type of License	Years of Experience
The Driver is: □Employe □ Year–Ro			inclusive dates	areto)
				utlined above), in which s n shown above):	
Is driver licensed for and If no, when will training				□Yes □No	
How many years of driving	ng experience	does the driver ha	ve with this typ	e of vehicle? Yea	rs
Name of Driver's Insurance Company: Policy Number:					
What is the driver's experience annot be approved to dr		•		g driver's experience info s.)	ormation
Information	for the last th	hree (3) years. Pl	<mark>lease <u>Mark All</u></mark>	Boxes "0", "N/A" or "N	lone".
Number of <u>At-</u> <u>Fault</u> Accidents	Number of Moving Violations	Has Your Lice Ever Been Suspended?	Expla	in accidents, violations, su Use additional sheet if nec	_
		□Yes □No			
	Safe Dr	iving is A Top	Girl Scout	Priority	
statements herein and releas such investigation. I unders time of discovery by the abo	the above nand stand that untrue to be named Girl carrier and/or it	ned Girl Scout Cour e, misleading, or om Scout Council. Fur as agents, representa	ncil and its agents itted information ther, I authorize I tives or MGA as	e. I authorize any investigat s from liability in connection may result in dismissal, reg Palmer & Cay to review my necessary to determine my d with the Council.	as with any ardless of the Motor Vehicle
Signature of Driver				 <mark>Date</mark>	