

DRIVER DISCLOSURE FORM

The Susquehanna Conference of the United Methodist Church cares about the children, youth and developmentally challenged who attend our summer camp programs. We are committed to ensuring their safety. Because of our unconditional concern for the safety of all campers, the Camping and Retreat Commission is requiring all volunteer drivers in our program to complete this disclosure. Please accept this procedure without insult.

INSTRUCTIONS: Complete the following questions by circling the appropriate answer. With the exception of questions #1 and #14, include an explanation of any "yes" answer on the reverse side. Return the completed form to your respective Program Dean prior to the start of your scheduled camp. Program Deans are to return both their completed form, and those of designated volunteer drivers, to the respective Site Director upon their arrival at the camp. Non-compliance will preclude your ability to serve as a volunteer driver. If for any reason you would prefer not to complete the form, simply inform your Program Dean that you are not interested in serving as a designated driver.

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|-----|---|-----|----|
| 1. | Do you currently have a valid driver's license and are insured? | Yes | No |
| 2. | Are you between the ages 16 and 24? | Yes | No |
| 3. | Has your driver's license been either suspended or revoked in the last 7 years? | Yes | No |
| 4. | Have you been cited for, or convicted of drunken driving in the last 7 years? | Yes | No |
| 5. | Have you been found to be at fault in two or more accidents in the past 5 years? | Yes | No |
| 6. | Have you acquired eight or more points on your driving record in the past 36 months? | Yes | No |
| 7. | Have you received two or more convictions for moving violations within the past 36 months? | Yes | No |
| 8. | Have you been cited for, or convicted of reckless disregard for life or property within the past 7 years? | Yes | No |
| 9. | Have you ever been involved in an accident resulting in one or more fatalities? | Yes | No |
| 10. | Have you ever operated a vehicle without insurance or a valid license? | Yes | No |
| 11. | Have you had two or more incidents of insurance cancellations? | Yes | No |
| 12. | Have you ever stolen a vehicle, or used a vehicle to commit a crime? | Yes | No |
| 13. | Have you ever failed to report or leave the scene of an accident? | Yes | No |
| 14. | Do you have a minimum auto insurance coverage of \$100,000 for Personal Injury Protection (PIP, which covers your own medical expenses), and \$500,000 for Liability (i.e., property damage, and bodily injury to persons other than yourself)?
If your answer is no, indicate your current coverage limits in the space provided. | Yes | No |

\$ _____ Personal Injury Protection (PIP)

\$ _____ Liability

15 Does your vehicle have current vehicle registration and inspection documentation and at this time does it comply with PA State Inspection regulations? Yes No

After arriving at camp and before transporting campers, the driver is required to check each of these items for proper working condition: brakes, lights, horn, wipers and washers, emergency flashers, mirrors, and emergency brake.

Driver's License Number _____

Please include a photocopy of your Driver's License.

I swear that the information I have provided is true and correct. I give permission to verify the above insurance information with my carrier.

I fully understand that as a volunteer designated driver using my own vehicle, my personal automobile insurance coverage is primary if an accident were to occur while transporting campers. I further understand that because my insurance is primary, my insurance is at risk were an accident to occur. I also understand that the Susquehanna Conference of the United Methodist Church carries no medical or liability insurance coverage on me whatsoever for serving as a volunteer designated driver within their program.

(Signature)

____/____/____
(Date)

(Print your name)

Your day phone: (____) _____ Your evening phone: (____) _____

Indicate the dates of the camp at which you will be a volunteer. _____

At which camp will you be a volunteer: (circle appropriate site)

Camp Penn Mount Asbury Greene Hills Wesley Forest

(Signature of the Dean)

____/____/____
(Date)