

Annual Drivers Certification

Kaaba Shriners

Noble: _____ Address: _____

City, State, Zip: _____ Telephone # _____

Cell Phone # _____ Email Address: _____

I offer my services as a Volunteer Driver for patients, parents and guardians of children who require transportation to and from the Shriners Hospitals and other related Shriners Hospital Transportation as may be required.

I _____ do hereby certify:

1) I am the holder of a valid driver's license number _____ issued by the State of _____ expires on _____.

2) My birth date is: _____.

3) I am in good health, possess good hearing and have corrected vision of at least 20/40. I have had a medical Exam within the last 2 years: Yes ____ No ____ Date _____.

4) I will report any illness or accident I may suffer that will prohibit my driving for a time to the Transportation Chairman, also the date I am approved to again drive Shriners Hospital patients.

5) I have not been convicted of any motor vehicle violation for the past 12 months other than

6) I have not been involved in any motor vehicle accident in the past 12 months other than:

7) I will obey the laws and rules of the road: and will use a safety harness when transporting children and will make certain that all passengers use safety devices required by law or appropriate to their physical condition.

8) I authorize Kaaba Shriners to verify my driving record with appropriate state and local authorities.

Signature: _____ Date: _____

Approved: Yes or No Reason Disapproved: _____

Hospital Chairman: _____ Date: _____