

**People of Hope Lutheran Church
Application for Volunteer Drivers**

Only complete this form if you wish to volunteer as a driver for at-risk individuals. Use back of form if necessary to answer the following questions. All volunteer drivers must be 21 or older and possess a current driver's license. POH staff will review this application and will approve or not approve per the guidelines established in our insurance policy.

License State of Issue: _____ Expiration date: _____

Name of Auto Insurance Provider: _____

Policy #: _____

(A photocopy of your auto insurance card must be kept with this form.)

Cell Phone: _____ Home Phone: _____

If any of the following apply to you please describe below:

- Any medical conditions or medications that could impair your driving ability
- Conviction of any moving violations in the last five years
- Any restrictions or endorsements on your driver's license
- Any involvement in motor vehicle accidents in the last seven years
- Conviction of a DWI/DUI, or had your license revoked or suspended in the past 10 years

I certify that all the information on this application is truthful and completely accurate. I agree to notify POH within 14 days of any changes in any of the above information. I authorize POH to verify this information with the Department of Motor Vehicles and to check references on my driving. I understand that if I make false statements on this application I will not be allowed to drive at-risk individuals of POH.

By signing, I agree to abide by safety procedures established by POH and abide by all laws.

Signature: _____ Date: _____

Print name clearly: _____

Office Use Only

DMV check Date: _____

Contact name: _____ Date: _____

Contact name: _____ Date: _____

**People of Hope Lutheran Church
Incident Report Form**

This form needs to be completed when first aid is administered to an at-risk individual, when emergency responders or police are called to the scene, or when a best practices guideline has been seriously broken, such as the use of drugs or alcohol with minors or sexual misconduct. Please complete and turn in the form to the Office and Communications Coordinator within 24 hours of the incident occurring. Use addition pages if necessary.

Reason for report: _____

Date of incident: _____ Program/Group: _____

Name(s) and Age(s) of Minor(s): _____

Briefly describe what happened: _____

What action did you take? _____

Were there any witnesses? _____ yes _____ no Names: _____

Signature of witness (if possible): _____

Report submitted to: _____

Date submitted: _____

Signature of person completing report: _____