

Gustavus Adolphus Lutheran Church
1669 Arcade St N
St. Paul, MN 55106
651.774.5954
www.gachurch.org



Gustavus Adolphus Lutheran Church

DRIVER INFORMATION FORM

GA's insurance carrier mandates that we perform driver's license checks and have insurance information on file for persons driving on behalf of the church.

This information will be kept confidential.

Name of Driver _____

Date _____ Soc Security # _____

Telephone (home) _____ (cell) _____

- Check here if you have submitted a Volunteer background check.
- Check here if your car is currently in compliance with state law.
- Check here if your car is currently registered.

Driver's License Number _____ State Issued: _____ Expiration Date _____

Year and Make of Car _____ Car License _____

Number of Passenger belts: _____
(Exclude and front seat with airbag if transporting children 12 years old and under)

Name of Insurance Carrier _____ Phone # _____

Policy # _____ Insurance Expiration Date _____

The information provided above is accurate and correct.

- I understand that my personal automobile insurance is primary coverage.
- I also understand that my driving record will be checked, which may result in withdrawal of my voluntary driving status.

Signature of Volunteer Driver

Date