



# DRIVER INFORMATION FORM

Staff     Intern     Volunteer     Work/Study  
Primary Program: \_\_\_\_\_

**Full Name:** \_\_\_\_\_

**Local Contact Info:**

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Cell #: \_\_\_\_\_  
Email: \_\_\_\_\_

**Permanent Contact Info (if different):**

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Cell #: \_\_\_\_\_  
Email: \_\_\_\_\_

**Program Director:**  
1. Does this person need to be added to MW vehicle driver list?  
 Yes     No \_\_\_\_\_  
(Prog.Dir.Initials)  
Specify Driver Type:  
 Regular/Frequent Driver  
 Irregular Driver  
2. Review personal auto policy coverage. **“A” is required for personal vehicle use for any Mission Waco activities.**  
3. Review moving violations – **special approval required** from operations director **if more than one in past 3 yrs.**

**Date of Birth:** \_\_\_\_\_ **Current Age:** \_\_\_\_\_ **Marital Status:** \_\_\_\_\_

**Driver’s Lic. #:** \_\_\_\_\_ **State:** \_\_\_\_\_ **License Expires:** \_\_\_\_\_

**Current College Student?** School: \_\_\_\_\_ Classification: \_\_\_\_\_

**Other Info:**

\_\_\_\_\_ << Check if Copy of current driver’s license attached  
\_\_\_\_\_ << Check if Copy of current personal auto liability insurance attached. **Check one below:**  
 A. Auto policy limits meet or exceed the following: \$100,000 per person/ \$300,000 per occurrence for bodily injury; and \$50,000 for property damage  
 B. Auto policy limits less than recommended – please describe: \$\_\_\_\_\_ per person/ \$\_\_\_\_\_ per occurrence for bodily injury; and \$\_\_\_\_\_ for property damage  
\_\_\_\_\_ << Fill in blank with number of moving violations in the past three years.  
Please describe: \_\_\_\_\_

**Initial** the following if the statements are **TRUE** for you:

\_\_\_\_\_ I have **read and understand** the **“Vehicle Use” guidelines** in the volunteer manual.  
\_\_\_\_\_ I agree that as long as I am volunteering or working for Mission Waco, Mission World, Inc. (MWMW) I will **notify MWMW of any changes** regarding the status of my driver’s license, personal automobile liability insurance, or if I am charged with any moving violations.  
\_\_\_\_\_ I give my **permission to MWMW to access my driving record** with Dept. of Public Safety or other data bases.  
\_\_\_\_\_ I understand that my **personal vehicle insurance** is the **PRIMARY** insurance accessed should an incident occur while using my personal vehicle for MWMW related business or activities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Added to Ins (if applicable)  
 Copy in Driver File (if appl.)  
 Original to PERS or VOL file