



## **DRIVER QUESTIONNAIRE**

The purpose of this form is to assure that the students of Victory Christian Academy are transported in a safe and responsible manner. Anyone who will be involved in chauffeuring students for school related activities, such as field trips, must complete a copy of this form. This must be done each school year and must be returned prior to driving for an event.

The contents of this form will be kept strictly confidential. Your cooperation in complying with this request is greatly appreciated.

### **PERSONAL**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Have you ever had a heart attack, a stroke, or a seizure? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

Do you have any illness or physical limitation which would or could interfere with your operation of an automobile? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

\_\_\_\_\_

### **VEHICLE**

License Plate No.: \_\_\_\_\_ What kind of car do you drive? \_\_\_\_\_

What state of repair is this car in? \_\_\_\_\_ Operator's license No.: \_\_\_\_\_

Auto Ins. Co.: \_\_\_\_\_ Do you carry liability insurance: \_\_\_\_\_

If so, state policy limits: \_\_\_\_\_

### **TRAFFIC RECORD**

Have you had any traffic violations (tickets) in the last five years? \_\_\_\_\_

If so, state date and type of violation for each: \_\_\_\_\_

Have you had any accidents in the last five years? \_\_\_\_\_

If so, explain: \_\_\_\_\_

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_