

UNITARIAN UNIVERSALIST FELLOWSHIP OF CORVALLIS

2945 NW Circle Blvd.
Corvallis, OR 97330
752-5218

PRIVATE TRANSPORTATION GUIDELINES

I, _____, as a driver for a UUFC activity, am covered by my own personal auto liability insurance and am at least 24 years of age.

For the safety of our children and youth, I understand that:

1. My driving records will be checked. I affirm that I have had no significant moving violations within the past two years.
2. I am required to provide a working seatbelt for each person I agree to transport and cannot transport anyone who refuses to wear one.
3. I will not transport children or youth within 12 hours of any use by me of alcohol or drugs.
4. I will not allow anyone else to drive my car while I am the assigned driver except in the case of an emergency, or by another driver who has been approved by the DRE.
5. My vehicle and I are covered by adequate insurance as required under state law.
6. To my knowledge my vehicle is in safe operating condition.
7. I have provided a copy of my driver's license and motor vehicle insurance to be kept on file by the DRE.

I have read and agree to abide by the above conditions.

Driver's signature _____ Date _____

Name of Driver _____

Driver's License Number _____ Driver's License Expiration Date _____

Auto Insurance Company _____ Policy Number _____