

GIRL SCOUTS OF GLOWING EMBERS COUNCIL, INC.

COUNCIL VAN USE APPLICATION

This form must be submitted 30 days prior to the trip or activity. Check *Safety-Wise* for guidelines. Please print clearly.

Date _____ Troop No. _____ Service Unit _____ District _____ Level: D B J C S

Leader's Name _____

Address _____
Street City State Zip

Phone: Home _____ Work _____ Cell _____

Indicate which type of trip/activity applies to your desired usage of the van(s):

- Day Trip Overnight Trip Multiple Night Trip

Destination _____

Location or Address _____

Departure Date/Time _____ Return Date/Time _____

Van pick-up date and time _____ Van Return date and time _____

1. Name of Primary Driver _____

Address _____
Street City State Zip

Phone: Day _____ Evening _____ Cell _____

2. Name of Relief Driver _____

Address _____

Phone: Day _____ Evening _____ Cell _____

SAFE DRIVING PLEDGE

As the primary and relief drivers for a Girl Scout activity, we understand it is our responsibility to transport girls safely to and from the scheduled activity. To insure the girls' safety, we pledge to:

- Obey all traffic laws.
- Drive within posted speed limits.
- Use turn signals for all turns and lane changes.
- Never to drive when sleepy.
- Not to drive more than six(6) hours each in a 24 hour period.
- Not operate a vehicle unless all occupants are wearing seat belts.
- Follow the council NO SMOKING policy while in the van or in the presence of girls.

I (We) have a valid Driver's License and Chauffeur's License (photo copy attached). I (We) authorize Girl Scouts of Glowing Embers Council, Inc. to check my driving record prior to van usage approval. I (We) have read and understand the Girl Scouts of Glowing Embers Council, Inc. van usage policy, operating procedures and guidelines (attached).

Primary Driver Signature

Date

Relief Driver Signature

Date

Palmer & Cay

Established 1868

TO: GIRL SCOUT SERVICES Palmer & Cay P.O.Box 847 Savannah, GA 31402-0847	COUNCIL NAME: Girl Scouts of Glowing Embers Council, Inc. 601 West Maple Street Kalamazoo MI 49008
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Complete this form for all employees and volunteers who regularly drive Council owned/rented/leased vehicles; receive reimbursement for mileage for their own vehicles; and/or have driving duties as a significant part of their employee/volunteer assignments.

Add Driver and /or

Check Record

<i>Name, exactly as it appears on Driver's License</i>		<i>Date of Birth</i>	
<i>License Number</i>	<i>Class or Type of License</i>	<i>State</i>	<i># of Years Driving</i>

Driver is: Employee Year-Round If seasonal, inclusive dates:
 Volunteer Seasonal _____ to _____

Name of state or previous state if not 5 years in current state: _____

Is Driver licensed for and familiar with type of vehicle to be driven? Yes No

If no, when will training be complete? _____

How many years of driving experience does driver have in this type of vehicle? _____

What is driver's experience last 5 years? (Persons not providing driver's experience information cannot be approved to drive council owned, leased, or borrowed vehicles.)

<i># Fault Accidents</i>	<i># of Violations</i>	<i>License Ever Suspended?</i>	<i>Explain accidents, violations, suspensions</i>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

To keep servicing costs down, MVR's will be ordered only if the driver's age and experience indicate an MVR should be ordered, or if the Council needs one.

Do you need a copy of the MVR? Yes No

Name

Title

Date

Signature as it appears on Driver's License

