

# ANNUAL DRIVER CERTIFICATION

Temple Almas Shriners  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, & Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Cell: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

I, \_\_\_\_\_ do hereby certify:

1. I offer my services to Almas Shriners as a volunteer driver for patients, parents, and guardians of children who require transportation to and from a Shriners' hospital and other related Shriners' hospital transportation.
2. I am a holder of a valid driver's license, numt \_\_\_\_\_ issued by the state or providence of \_\_\_\_\_, which expires on \_\_\_\_\_ .  
I am covered under the Almas Shriners' motor vehicle liability insurance coverage in the amount of \$1,000,000.00 per accident with Great American Insurance Company, policy number: CAP 1898973 .
3. I am in good health, possess good hearing, and have corrected vision of at least 20/40. My last medical examination was on \_\_\_\_\_ (date) .
4. I have not been convicted of any motor vehicle violations for the past 12 months other than:  
\_\_\_\_\_  
\_\_\_\_\_
5. I have not been involved of any motor vehicle acidents for the past 12 months other than:  
\_\_\_\_\_  
\_\_\_\_\_
6. I will obey the laws and the rules of the road; and, I will use a safety harness when transporting children and I will make certain that all adult occupants use safety harnesses and that children use safety devices required by the law or appropriate to their physical conditions.
7. If requested by the Potentate of Almas Shriners, I am willing to participate in any Temple sponsored defensive driver program for hospital vehicle drivers and any Temple sponsored medical examination for hospital vehicle drivers.
8. I authorized the Recorder of Almas Shriners to verify my driving record with the appropriate state or province authorities.

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