

## Driver for a Girl Scout Activity Application Lead Volunteer Retains This Form

Nam	e: _					
Street: _		City:		State:	Zip:	
Phone: _		Email:				
Vehicle M		ake/Model:	Driver's License Number:			
State:		License Plate Number:		Number o	of Seat Belts:	
Please	Chec	k One				
Yes	No					
		Currently registered adult who has been approved and appointed.				
		Is the vehicle being used during this Girl Scout activity properly registered?				
		Does the vehicle being used during this Girl Scout activity display a valid safety inspection sticker?				
		Does the vehicle being used during this Girl Scout activity have at least the minimum amount of liability coverage required for drivers by the Commonwealth of Virginia/State of North Carolina?				
Insurance Company:						
		Does the adult operating the vehicle during this Girl Scout activity have a valid license for the type/size vehicle being used?				
		The number of passengers will not exceed the intended passenger limits of the vehicle.				
		Will there be a booster seat for each person through the age of 7 (until their 8 <sup>th</sup> birthday)?				
		Each person will have her or his own seatbelt and will use the seatbelt.				
		There is adequate space for luggage and equipment which is stowed securely.				
		The vehicle is equipped with a first-aid kit and any federal/state-required safety equipment (spare tire, reflective devices, etc.).				
		Have you ever been convicted of a traffi	ic violation?			
If yes	s, plea	se state offense, date and location. A cor	nviction record will not	necessarily be ca	ause for disqualification.	
		investigation of all statements herein. I ur may be justification for non-acceptance a			omissions of any	
Signature Date					Date	