

Camp Driver's Information

Driver's Name _____
Last First Middle Initial

Date of Birth ____/____/____ License Number _____ State _____
Month Day Year

Social Security # _____

Class of License _____ Exp Date ____/____/____

Permanent Address _____
Street Town State Zip/Country

Where else have you had a license in the past three (3) years? _____

Have you had an accident in the past three (3) years? _____

Please list the dates of accident, extent of damage, injuries to persons involved.

Have you had a moving violation in the past ten (10) years? _____

Please list the dates of violation, charges, and jurisdictions (where).

How often do you have convulsions or periods of unconsciousness? _____

How often do you use intoxicants, including alcohol? _____

How often do you use drugs? _____ Which? _____

I attest that this information is complete and accurate and that I have read the Camp Driver's Manual.

Driver's Signature

Instructor Use Only – The driver has been trained and tested in:

- Camp and local "rules of the road," including a driving test on area roads
- Vehicle inspections
- Refueling
- Loading and unloading passengers
- Backing up
- Handling camper behavior
- Dealing with vehicle breakdown or passenger illness
- Vehicle evacuation procedures

Name of Instructor _____ Date of Completion _____

Signature of Instructor _____ Type(s) of Vehicle _____