

ANNUAL DRIVER CERTIFICATION

**Ainad Shriners
609 St. Louis Ave.
East St. Louis, IL. 62201
(618) 874-1870**

Your Name _____
Your Address _____

E-Mail _____
Telephone /cell # _____/ _____

I, (name) _____, do hereby certify:

1. I offer my services to Ainad 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 the holder of a valid driver's license, (number) _____, issued by the state of Illinois, which expires on _____. I have motor vehicle liability insurance coverage (my personal vehicle) in the amount of _____ with _____ Company, policy number _____.

3. I am in good health, possess good hearing and have correct vision of at least 20/40. My last medical examination was with _____, MD. on _____.

4. I have not been convicted on any motor vehicle violation for the past twelve months other than; _____
_____.

5. I have not been involved in any motor vehicle accident for the past 12 months other than; _____
_____.

6. I will obey the law and rules of the road; and I will use a safety harness when transporting children and will make certain all adult occupants use safety harnesses and that children use safety devices required by law or appropriate to their physical condition.

7. If requested by the potentate, 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 authorize the Administrator of this temple to verify my driving record with appropriate state and local authorities.

Signature: _____ **Date:** _____

**PLEASE COMPLETE AND RETURN TO THE AINAD BUSINESS OFFICE:
609 St Louis Ave, East St Louis, IL 62201-2927**