



Annual Driver Consent Form

I request authorization to drive in the course of performing business for Oasis for Youth and have read, understand and agree to abide by the conditions of the Oasis for Youth Driving Policy.

I agree to submit proof of current coverage of my automobile insurance and a copy of my current driver's license along with this request.

I further consent to an annual background check of my driving record. I agree to report to my supervisor at Oasis for Youth any loss of automobile insurance coverage or any driving-related conviction for driving while impaired, careless driving, or reckless driving within 24 hours of any such occurrence.

If I receive authorization to drive on behalf of Oasis for Youth, I agree never to drive in order to perform Oasis for Youth business unless my automobile insurance coverage is in force.

Name (Please Print): _____

Driver Cell Phone Number: _____

Driver Emergency Contact #1 – Name: _____

Contact #: _____

Driver Emergency Contact #2 – Name: _____

Contact #: _____

Make and Model of Vehicle: _____

License Plate #: _____ State _____

Driver's License #: _____ Birth date: _____

Insurance Policy (Carrier and policy #): _____

Signature: _____ Date: _____

Photocopies attached: Driver's License and Current Proof of Insurance.

For office use only:

Photocopies attached and verified by: _____ Date: _____

Driving check completed by: _____ Date: _____

Driver notified of results of check by: _____ Date: _____