

**Troop Leader
retains this form**

Girl Scout Activity Driver Information

Name _____ Phone _____ Cell Phone _____

Address _____ E-Mail _____
Street City State Zip

Type of Vehicle _____ Driver's License # _____ License Plate # _____ # seat belts _____

Please check Y (Yes) or N (No) below:

- Y N Is the vehicle being used during this Girl Scout activity properly registered?
- Y N Does the vehicle being used during this Girl Scout activity display a valid safety inspection sticker?
- Y N GSCV requires a minimum of \$300,000 combined single limit or split limits of \$100,000/\$300,000/\$50,000 when using **your personal vehicle. Do you have the minimum required limits of liability?** (Required by GSCV)
- Y N Does the adult operating the vehicle during this Girl Scout activity have a valid license for the type/size vehicle being used?
- Y N The number of passengers is within the intended passenger limits of the vehicle.
- Y N Each person will have her or his own seat belt and will use the seat belt. (Reminder girls under six must have a booster seat.)
- Y N There is adequate space for luggage and equipment which is stowed securely.
- Y N The vehicle is equipped with a first-aid kit and any federal/state required safety equipment (spare tire, reflective devices, etc.).
- Y N Have you ever been convicted of a moving traffic violation? If yes, please state offense, date and location. A conviction record will not necessarily be cause for disqualification. _____
- Y N I have completed the Criminal Background History Check – Authorization for Release.

I authorize investigation of all statements herein. I understand that falsification or significant omissions of any information may be justification for non-acceptance as a driver for a Girl Scout activity.

Signature _____ Date _____

Safe Driver Pledge (*Safety- Wise*)

As a driver for a Girl Scout activity, I understand it is my responsibility to transport girls safely to the scheduled activity and back to their parents or guardians. To ensure the safety of the girls, I pledge to:

- Make sure that the vehicle is in safe operating condition before the trip.
- Ensure that everyone is wearing a seat belt any time the vehicle is moving.
- Drive within posted speed limits
- Use turn signals for all turns and traffic lane changes
- Yield to all oncoming traffic and be extra careful when making left turns.
- Keep at least a three-second interval between my vehicle and the vehicle in front of me when highway driving.
- Drive with extra caution during hours of darkness and any other time visibility is reduced or road conditions worsen.
- Plan extended trips to avoid driving in the dark.
- Never drive when sleepy.
- Take a rest break every two hours.
- Alternate drivers when I need a break.
- Drive no more than six hours a day.
- Never use a cellular phone while driving. I will pull over and stop, put the car in park, and put on flashing lights before dialing.

Driver: _____ Date: _____

UNACCEPTABLE DRIVERS ARE DESCRIBED BY OUR INSURANCE CARRIER AS:

- Any driver with 3 or more moving violations or accidents in the last three years.
- Suspended or revoked license or one serious conviction in the past 5 years such as: DUI, speeding 20+ miles over the limit, reckless driving, hit and run, etc.
- Any driver 19-21 years of age with 2 violations in the past 3 years.
- Any driver under 19 years of age.

