

VEHICLE USE FORM

Revision date: 12/15/07

Vehicle(s) you are requesting to use: *(it is VERY IMPORTANT that we get the odometer readings)*

- Church Bus Beginning Odometer Reading: _____ Ending Reading: _____
- Sweet Chariot Van Beginning Odometer Reading: _____ Ending Reading: _____
- Church Euro Van Beginning Odometer Reading: _____ Ending Reading: _____
- Pull-Behind Trailer

Meeting / Event Vehicle will be used for: _____

Group Requesting the Vehicle(s): _____ *(for example, Adult IA class)*

Date Vehicle(s) - **picked up** (Day): ____ / ____ / ____ (____) Time: _____ AM / PM

Date Vehicle(s) - will be **returned** (Day): ____ / ____ / ____ (____) Time: _____ AM / PM

Designated Driver(s): _____ C.D.L. (required, if bus)

Signature of person who picked up keys:

(By signing this you are stating that

you have read the following rules and will see that they are enforced.)

Bus/Van Rules:

- ◆ **The person(s) that is listed on this request as “Designated Driver” will be the only driver(s).**
- ◆ **Absolutely, NO cans or cups in the vehicle. The only drinks that are allowed are those with screw top lids.**
- ◆ **The vehicle should be full of gas when you pick it up AND when you return it.**
- ◆ **If the vehicle is not full when you pick it up, notify the church office immediately.**
If gas was charged to the church (including the church VISA), which ministry is responsible for this charge: _____ *(for example: Youth, AWANA, etc.)*
- ◆ **The vehicle should be clean when returned. This includes picking up all trash.**
- ◆ **The bus floor should be swept before it is returned and mopped if there was a spill.**
- ◆ **Because of evening trips, you will be allowed up to 24 hours after the vehicle is returned to clean the vehicle. If the vehicle has not been cleaned within this 24 hour period, the ministry or the responsible party on this form will be billed for having the vehicle cleaned.**
- ◆ **A signed and completed Vehicle Use Form must be turned in and filed at the church office.**

Gas gage setting when picked up: _____

Gas gage setting when returned: _____

In the event of a schedule conflict or other information is needed, list a contact person:

Contact Person: _____ Phone: _____

All requests must be made at least 2 weeks in advance.

This Section for Office Use Only

Date Request Received: ____ / ____ / ____ Office Staff who Received Request: _____

Request Approved: Yes No Date Approved: ____ / ____ / ____

Date Vehicle(s) Returned: ____ / ____ / ____ Verified By/Date: _____

Bus returned full of gas: Yes No Vehicle returned clean: Yes No

If not, amount requested for cleaning: \$ _____ Collected By/Date: _____