

**ANNUAL DRIVER CERTIFICATION**

Ainad Shriners  
609 St. Louis Ave.  
East St. Louis, IL 62201

Your Names \_\_\_\_\_

Your Address \_\_\_\_\_

E-mail \_\_\_\_\_

Cell \_\_\_\_\_

I, (name/print) \_\_\_\_\_, 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, or (\_\_\_\_\_) which expires on \_\_\_\_\_. I have motor vehicle liability insurance 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 and that children use safety devise required by law or appropriate to their physical conditions.
7. If requested by the potentate, I am willing to participate in any temple sponsored defensive driver program for hospital which drivers and any temple sponsored medical examination for hospital vehicle drivers.
8. I authorize the Ainad Administrator to verify my driving record with appropriate state and local authorities and return those to the Ainad Temple insurance company.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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